Manitoba

Annual Report 1987 - 88

Manitoba Health Services Commission

MANITOBA HEALTH SERVICES COMMISSION
ANNUAL REPORT - 1987/88
ERRATA

Table of Contents	- On the third page, for Table 2, "1982/83" should be "1983/84", and similar for Table 2A.
	- On the fifth page, for Table 10, "1982/83" should be "1983/84".
Page 25	- On the third last and the last lines of the page "$224.7" should be "$222.6".
Page 26	- On the last line "6.5" should be "9.5".
Page 27	- In the second paragraph, on the last line, "a decrease" should be "an increase".
Page 32	- In the first paragraph, on the second line, "7.7" should be "7.8".
Page 38	- In the third paragraph, on the second line, "21.4" should be "21.3".
Page 44	- In the second paragraph, on the third line, "4" should be "4.2".
Page 71	- "17.5" should be "17.6".
Page 72	- In footnote (5), on the third line, after the first word, should be "and $1.23 million for the professional liability insurance fund,".
Page 73	- In footnote (5), on the third line, after the fourth word, should be "and $1.23 million for the professional liability insurance fund,".
Page 74	- In footnote (1), on the fourth line, after the third word, should be "and $1.23 million for the professional liability insurance fund,".
Page 75	- In footnote (2), on the third line, after the seventh word, should be "and $1.23 million for the professional liability fund,".
Page 77	- In footnote (2), on the second line, the words "includes a 2% increase for Optometry services" should be deleted.
	- In footnote (3), on the third line, after the seventh word, should be "and $1.23 million for the professional liability fund,".
Page 89	- In footnote (3), the last two words are in error and should read "active treatment hospitals".
Page 105	- In footnote (1), on the first line, the last word is in error and should read "for".
Page 109	- On the first line "8,339" should be "8,239" and "5,983" should be "5,883".

August 4, 1988
/bsg:ERRATA

Manitoba

Minister of Health

Winnipeg, Manitoba, CANADA

Winnipeg, June 30, 1988

His Honour George Johnson, M.D.,
Lieutenant-Governor of the Province
of Manitoba

May It Please Your Honour:

I have the honour to submit the Annual Report of the Manitoba Health Services Commission for the 12-month period from April 1, 1987 to March 31, 1988.

Respectfully submitted,

The Honourable Donald W. Orchard,
Minister of Health

Manitoba

Health

Manitoba Health
Services Commission

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
R3C 2T6

Winnipeg, June 30, 1988

The Honourable Donald W. Orchard,
Minister of Health
Province of Manitoba

Sir:

In accordance with Section 24 of The Health Services Insurance Act, I have the honour to present the Annual Report of the Manitoba Health Services Commission for the 12-month period April 1, 1987 to March 31, 1988.

Respectfully submitted,

Evelyn Shapiro,
Chairperson,
Manitoba Health Services Commission

Table of Contents

Title	Page
Organization Chart	1
Introduction	2
Highlights	3
Manitoba Health Services Commission	7
Medical Review Committee	9
Medical Appointments Review Committee	12
Standing Committees	
Pharmacare Committee	14
Access and Confidentiality Committee	15
Medical Manpower Committee	18
Diagnostic Services Committee	22
Insurance Division	24
Eligibility for Insured Health Services and Benefits	24
Medical Program	25
Other Insured Health Services	26
Pharmacare Program	29
Facilities Divisions	
Hospitals	30
Hospital Insured Services	31
Deficit Reduction	32

Community Health Centres 33

Canadian Orgran Replacement Register 34

Anaesthetic Equipment Upgrade Program 34

Long Term Care Programs Division 36

Personal Care Home Program 36

Community Therapy Services of Manitoba 38

Personal Care Home Drug Program 39

Adult Day Care Program 39

Respite Care Program in Personal Care Homes 40

Emergency Health and Ambulance Services Division 41

Emergency Health Services 41

Ambulance Services Program 42

Northern Patient Transportation Program 43

Air Ambulance Program - Lifeflight 44

Construction Programming Division 47

Administration Division 49

Human Resources Programs Section 50

Affirmative Action 51

Health Information Systems Division 52

Agreement between Manitoba and Unisys 54

Laboratory and X-ray Services Division 57

Research and Planning Directorate 60

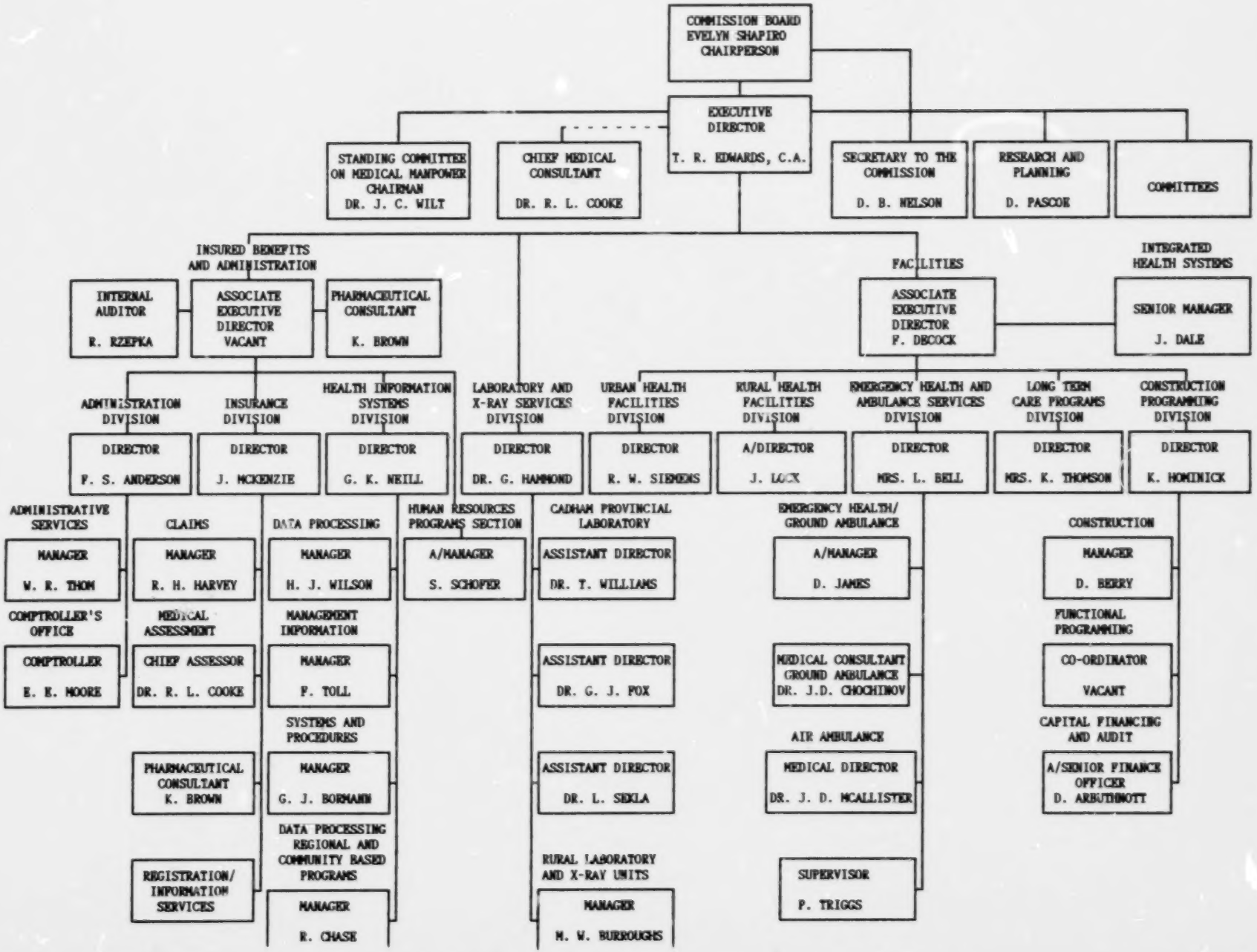
Health Care Demonstration Projects		62
Introduction to Statistical Section		66
Table 1	Manitoba Population by Health Region, Sex and Age Group, June 1, 1987	68
Map	M.H.S.C. Health Regions	69
Figure 1	Percentage Distribution of Population by Health Region, June 1, 1987	70
Figure 2	Percentage Distribution of Population by Age Group, June 1, 1987	71
Table 2	Manitoba Health Services Commission Expenditures, 1982/83 to 1987/88	72
Table 2A	Manitoba Health Services Commission Expenditure Index, 1982/83 to 1987/88	73
Figure 3	Manitoba Health Services Commission Expenditure Index for Major Programs, 1983/84 to 1987/88	74
Figure 4A	Total Health Services per Capita Costs, 1983/84 to 1987/88	75
Figure 4B	Insured Hospital Services per Capita Costs, 1983/84 to 1987/88	76
Figure 4C	Insured Medical Services per Capita Costs, 1983/84 to 1987/88	77
Figure 4D	Insured Personal Care Home Services per Capita Costs, 1983/84 to 1987/88	78
Map	Manitoba Hospitals - Acute and Extended Treatment by Facility Size, March 1988	79

Table 3	Population, Health Facility Beds, and Rates per 1,000 Population by Health Region, 1987/88	80
Figure 5	In-Patient Hospital Days per 1,000 Population by Health Region, 1986/87 and 1987/88	81
Table 4	Hospital Utilization and Rates per 1,000 Population by Diagnostic Category (Newborns Excluded), 1987/88	82
Table 5	Health Facilities - Hospital Beds; Net M.H.S.C. Payments, 1986/87 and 1987/88	83
Map	Manitoba Personal Care Homes, March 1988	90
Table 6	Number, Percentage Distribution, and Rate per 1,000 Population of Personal Care Home Residents by Age Group, Sex, and Level of Care, March 31, 1988	91
Figure 6	Personal Care Home Residents per 1,000 Population by Age Group and Sex, March 31, 1988	92
Table 7	Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments by Health Region, 1986/87 and 1987/88	93
Table 8	Number of Health Practitioners and Population per Practitioner by Health Region, 1987/88	97
Figure 7	Medical Services per Capita Cost by Health Region, 1986/87 and 1987/88	98
Table 9	Medical Services and Costs by Diagnostic Category, 1987/88	99
Figure 8	Medical Services per Capita Cost by Age Group and Sex, 1987/88	100

Table 10	Medical and Other Health Services Average Cost per Patient by Type of Practice, 1982/83 to 1987/88	101
Table 11	Medical Costs and Percentage Distribution by Type of Service, 1986/87 and 1987/88	102
Table 12	Average and Median Payments ($30,000 Gross) to Physicians by Specialty of Practice. Amounts represent gross payments by M.H.S.C. from which the physicians must pay overhead costs, 1986/87 and 1987/88	103
Table 13	Average and Median Payments ($30,000 Gross) for Oral, Dental, and Periodontal Surgery, Optometry, and Chiropractic. Amounts represent gross payments by M.H.S.C. from which the practicioners must pay overhead costs, 1986/87 and 1987/88.	104
Table 14	Medical and Other Health Practitioner Services and Costs, 1986/87 and 1987/88	105
Financial Summary of Operations for the Year Ended March 31, 1988		106
Auditor's Report and Financial Statements for the Year Ended March 31, 1988		114

ORGANIZATION CHART
AS AT MARCH 31, 1988

MANITOBA HEALTH SERVICES COMMISSION



Introduction

The Manitoba Health Services Commission administers the Manitoba Health Services Insurance Plan according to provisions of The Health Services Insurance Act and other relevant legislation. The plan finances an integrated system of hospital care, medical treatment, personal care, pharmacare, and other health services for Manitoba residents.

The Commission is headed by a board appointed by government and an executive director who, since 1982, has also been Deputy Minister of Health. This permits a close liaison between the Commission and Manitoba Health, which is responsible for administering public and community health programs, dental health services, institutional and community mental health programs, services to seniors, home care, hearing conservation services, maternal and child health services, health education, and health promotion and prevention programs.

The Commission has two associate executive directors - one in charge of insured benefits and administration and one in charge of facilities. Eight divisions report to the associate executive directors and one to the executive director. These divisions are: administration, insurance, health information systems, laboratory and x-ray services, urban health facilities, rural health facilities, long-term care programs, construction programming and emergency health and ambulance servies.

This annual report reviews the Commission's programs, explains its organization and provides relevant statistics, financial statements and the auditor's report for the period April 1, 1987 to March 31, 1988.

Highlights of 1987/88

o Phase I of a three-phased program for the development of ophthalmology, at the Health Sciences Centre, was approved by the Commission in the amount of $755,000 for new equipment and $290,000 for annual operating costs.

o Construction commenced on the $2.7-million upgrade of the old section of the Children's Hospital. The expansion will increase the number of beds to 13 in the pediatric intensive-care unit. This project is one of several interim projects which will eventually be moved to one of the new buildings planned for the redevelopment of the Health Sciences Centre. Other Children's Hospital interim projects include the development of an angiography unit, an operating room and a recovery room.

o The new Neonatal Intensive Care Unit at the Children's Hospital was opened in September 1986. In 1987/88, additional operating funds of $270,000 were provided to staff 16 of the 18 bassinettes of the unit. The remainder will be staffed when additional capacity is needed.

o A 19 bed dedicated Oncology Unit was approved for construction on Ward D6 at the General Hospital of the Health Sciences Centre, at a capital cost of $1.1 million and operating costs of $220,000 per year.

o In March of 1986, a local Dialysis Unit was established in Brandon, allowing patients with end-stage renal disease to receive haemodialysis in their home community. With the increasing success of this program, the number of patients has grown from two, when the program started, to 12 patients in February, 1988. Annual operating costs of the Brandon dialysis program are $282,000.

o Approval was granted by Manitoba Health Services Commission to develop a general vascular angiography unit for the General Hospital of the Health Sciences Centre and a cardiovascular angiography unit for the Children's Hospital. Both units were equipped with computerized digital imaging and haemodynamics monitoring equipment at a cost of $3.9 million.

o Recognizing an increased demand on the Alpha-fetoprotein screening program, the Manitoba Health Services Commission agreed to provide an additional $105,000 to support program expansion sufficient to screen 9,000 women. The Manitoba program serves as a model for development in other provinces and current funding recognizes Manitoba's pre-eminent position in this prenatal screening program.

o A total of $150,000 was approved in 1987/88, to cover the cost of the drug AZT for all HIV positive and AIDS patients who qualified under the protocol established by the Federal Government. This drug has been shown to decrease episodes of illness and extend the lives of these patients. Treatment with AZT is only one aspect of a comprehensive program being developed for HIV positive and AIDS patients.

o The Manitoba Health Services Commission provided $1.6 million for equipment to the Health Sciences Centre for a new treatment for kidney stones known as shock wave lithotripsy. Through the use of shock waves, ultrasound equipment pulverizes kidney stones into small particles, allowing them to pass naturally. This procedure, carried out on an outpatient basis, requires no anaesthesia thus eliminating the need for invasive surgery and admission to hospital.

o Three new state-of-the-art, computed, tomography scanners were acquired at three hospitals: Health Sciences Centre, St. Boniface General Hospital, and the Brandon General

Hospital. The purchase of the scanners brings the total number of C.T. scanners in the province to five. The annual operating costs of the three C.T. scanners will be $2.0 million, and equipment and installation costs were $5.3 million.

o In August 1987, purchase orders were placed for one replacement, low-energy (6 MEV), linear accelerator and for a second high-energy (15-23 MEV), linear accelerator, capable of high-energy photon and electron therapy, to be installed in late 1988 at the M.R. MacCharles Unit of the Manitoba Cancer Treatment and Research Foundation. The cost of this cancer treatment, radiotherapy equipment upgrade, is $3.4 million.

o Ultrasound continues to be the fastest growing diagnostic imaging modality worldwide. State-of-the-art equipment was added at St. Boniface General Hospital, Health Sciences Centre and Children's Hospital, including color-flow, vascular-imaging capabilities. A new ultra-sound unit was also acquired by The Pas Health Centre and a tele-imaging system to transmit ultrasound images over the telephone lines for immediate consultation by a Radiologist. Total 1987/88 capital expenditures for ultrasound development were $1,062,000.

o The Victoria General Hospital received approval to proceed with a pilot project for an ambulatory surgery program at a cost of $55,000 per annum. The project will assess satisfaction of day surgery for low-risk patients undergoing less complex surgical procedures. Patients return home on the same day as the surgery and The Continuing Care Short Term Home Care Program is available to provide and monitor their needs.

o The development of nuclear medicine services at the Health Sciences Centre, St. Boniface and Brandon hospitals continued in 1987/88 with equipment purchases of $776,000.

o The Commission and the Manitoba Medical Association signed a three-year agreement on April 25, 1988 that was retroactive to April 1, 1987. The agreement provides for a general increase to the fee schedule of 3 percent in each of the first two years and an adjusted COLA (cost of living) for the third year. The agreement also provides for a total of $5.3 million over the three years to "shore-up" areas within the fee schedule such as hospital psychiatric services, obstetrical and anaesthetic fees, and other specialties in which it is difficult to attract and keep physicians in Manitoba. In addition, a fund outside of the fee schedule will be established to reimburse physicians for the significant increases in professional liability insurance. The cumulative three-year funding was agreed to at a maximum of $5.99 million.

Manitoba Health Services Commission

Board Members:

Evelyn Shapiro, Chairperson
T. R. Edwards, C.A., Vice-Chairman
David Dandeneau
Francis Fox
Allan Rosky
René Toupin
Sue Wood, M.D.

D. B. Nelson, Secretary

The Commission is responsible for performing the duties and functions as assigned by the Lieutenant-Governor-in-Council and the Minister of Health, in accordance with The Health Services Insurance Act and other relevant legislation.

Legislation specifically requires the Commission to:

- provide insurance to Manitoba residents for hospital, personal care, medical and other specified health services

- ensure that adequate standards are maintained in hospitals, personal care homes and related health care facilities

- with the approval of the Minister of Health, plan, organize and develop, throughout the province, a balanced and integrated system of hospitals and related health care facilities and services.

From April 1, 1987 to March 31, 1988, the Commission Board met nine times to consider issues relating primarily to the

allocation of health care services, quality of care and the efficacy of new high technology.

The Board is responsible for advising the Minister on policy and acts as a regulatory body. Background material, on which decisions are based, is forwarded to the Commissioners in advance of their regular meetings.

A number of delegations were heard by the Commission during the year. These delegations, representing communities, hospital boards, health centres and other service providers met to discuss issues affecting their specific areas or organizations.

Of special interest to the Board were the views of the Minister of Health on the need to reform the health care delivery system and their discussions with him about the changes that should be considered.

Medical Review Committee

Members:

A. Rogers, M.D., Chairman
K. Collier, M.D.
A. Earn, M.D.
I. Elliott, M.D.
S. Fleming, M.D.
S. Kay, M.D.
M. Wahn, Ph.D.

N. Yourechuk, Secretary

The Medical Review Committee, established under The Health Services Insurance Act, reviews patterns of medical practice. It is a free-standing committee, independent of MHSC, and its deliberations are confidential. The committee is made up of nominees of the Manitoba Health Services Commission and the College of Physicians and Surgeons of Manitoba. The Manitoba Medical Association withdrew from the agreement during the 1987-88 fiscal year.

From April 1, 1987 to March 31, 1988, the Committee met 19 times. It heard appeals from a number of physicians and/or the Manitoba Medical Association regarding the Manitoba Health Services Commission's assessment of claims, and it reviewed 345 physicians' patterns of practice. Explanations were found for 255 of these patterns. The remainder were subject to one, or more, of the following actions:

- 46 physicians were notified, by letter, that their patterns of practice varied from the peer average and were under review. Explanations were requested for the variations.

- A number of these physicians were subsequently asked to do a self review of their patterns in areas of departure from the peer average.

- Educational letters were sent to 38 physicians with regards to their referred laboratory costs and their ordering patterns for laboratory services.

The Committee held informal discussions with a number of physicians about departures in their practices from the peer average. The Committee deemed these discussions to be valuable, particularly when variations in practice patterns related to excessive use of referred laboratory services. Other discussions related to special calls, personal care home visits, complete physical examinations, repeat visits and consultations. The Committee expects the practice of holding informal meetings with physicians will result in cost-savings, without sacrificing standards of medical practice.

One physician's pattern of practice was formally reviewed. An order was made for the repayment of $40,552 to the Manitoba Health Services Commission.

In addition to the above, the Committee:

- Visited a personal care home at the request of the home and audited patient charts

- Met with the Associate Dean of Medicine with regard to educating undergraduates about prudent use of laboratory facilities

- Recommended a recovery, by MHSC, from two physicians for apparent over servicing of a patient

- Communicated with the Commission and the College of Physicians and Surgeons regarding laboratory protocols

Medical Appointments Review Committee

Members:

F. P. Doyle, M.D., Chairman
I. Auld (from May 20, 1987)
E. Backman
D. Gerrie
R. G. Handford, M.D.
H. T. Huebert, M.D.
J. F. S. Hughes, M.D.
D. N. C. McIntyre, M.D.
J. R. Murray, M.D. (from May 20, 1987)
G. Patrick (to May 20, 1987)
W. H. Pendree
K. Simpson, M.D.
I. Trueman (to May 20, 1987)

D. B. Nelson, Secretary

The Medical Appointments Review Committee was established, through an Agreement among six parties (Manitoba Health Organizations Incorporated, the College of Physicians and Surgeons of Manitoba, the University of Manitoba, the City of Winnipeg, the Minister of Health and the Manitoba Health Services Commisssion), to hear appeals filed by physicians whose applications for medical staff privileges have been refused, or, whose privileges have been reduced or terminated. It also hears appeals concerning applications which have not been attended to within a reasonable time. Appeals are heard only when an applicant has exhausted all rights of appeal at the hospital concerned.

After hearing an appeal, the Committee may recommend one of the following:

- that the decision appealed be maintained
- that the application for medical staff privileges be approved
- that medical staff privileges which have been reduced or terminated be reinstated
- that the decision appealed be varied.

From April 1, 1987 to March 31, 1988, the Committee heard one appeal. It recommended that the hospital offer the appellant a fund not exceeding one year's remuneration to help him find employment elsewhere.

The hospital involved in the appeal declined to accept the Committee's recommendation, contending that the Committee had gone beyond its terms of reference. It is to be noted that the Committee's recommendations are not binding on either party to the appeal. The appellant also has the right to appeal to the Courts through civil action.

Upon receipt of a copy of the Committee's report, the Manitoba Health Services Commission, one of the parties to the Medical Appointments Review Committee Agreement, sought legal advice on the recommendation of a financial award. Legal Counsel for the Commission provided an opinion to the effect that the Committee had exceeded its mandate. This issue was still under consideration by the Committee as of March 31, 1988.

Standing Committees

Pharmacare Committee

Members:

K. Brown, B.Sc.Pharm., Chairman
S. Fingerote, B.Sc.Pharm.
G. Lawson, B.Sc.Pharm.
D. Maksymyk, B.Sc.Pharm.
M. Morry, B.Sc.Pharm.
R. Sanders, B.Sc.Pharm.

The Pharmacare Committee is composed of pharmacists from government and private practice. Its dual purpose is to provide professional guidance in determining which drugs should be included as benefits under the Pharmacare Program and to maintain contact with practicing pharmacists.

From April 1, 1987 to March 31, 1988 the Committee met five times to review administrative procedures related to the Pharmacare Program and to recommend revisions to the schedule of eligible drugs.

Access and Confidentiality Committee

Members:

K. Brown, M.D.	Chairman, College of Physicians and Surgeons of Manitoba
W. J. Blight, M.D.	St. Boniface General Hospital
C. Cronin	Manitoba Medical Association (From May 22, 1987)
G. Fletcher	Manitoba Health Organizations, Inc.
E. Fondse	Manitoba Health Records Association
F. R. Friesen, M.D.	Health Sciences Centre (From May 6, 1987)
R. Harris	Manitoba Association of Community Health Centres (From January 18, 1988)
E. Reimer	Manitoba Medical Association (To May 22, 1987)
F. Toll	Secretary, Manitoba Health Services Commission

The Access and Confidentiality Committee was established by the Manitoba Health Services Commission in April 1979. The Committee provides advice to the Commission on the confidentiality of, and appropriate access to health services data in its computerized information system.

The Committee met twice between April 1, 1987 and March 31, 1988. Seven requests for access to Commission data were considered and all were recommended for Commission approval. They are as follows:

1. Medical Utilization in Panic Disorder. The goal of the project is to determine the patterns and extent of medical utilization among patients who attend anxiety clinics complaining of "panic attacks".

2. Oral Health Status and Treatment Needs of Winnipeg's Elderly. The objectives of this survey are to identify social and behavioural characteristics which may impact on dental health behaviour and utilization, and to screen participants to determine the prevalence of dental caries, peridontal disease and oral lesions, and to determine treatment needs.

3. Influenza and Pneumonia in Manitoba. The objective of the study is to estimate the excess hospitalization and mortality in the Manitoba adult population associated with influenza and pneumonia between 1980 and 1986.

4. Genetic Influences on Individual Differences in Activity Level. The primary goal of this research project is to explore the question of genetic influences on individual differences in activity level for six-month-old, same-sex fraternal twins.

5. Hospitalization of Elderly with Diabetic Complications and as Result of Accident. The purpose of this study is to estimate the frequency and amount of hospitalization required by the elderly with diabetic complications, and as a result of accident.

6. Evaluation of Outcomes of Hospital Care Using Claims Data Investigators. The purposes of this study are to further develop the use of claims data for the non-experimental evaluation of surgical procedures and medical admissions, to conduct an in-depth appraisal of the value of the claims data base for 11 common operations, and to contribute new information concerning the association between treatments and outcomes.

7. Psychosocial Sequelae Following Head Injury: The Spouse's Burden. The object of this project is to assess the life quality of people who survive their severe traumatic head injuries, and to examine the survival in terms of marital, social, emotional and neuropsychological sequelae from the direct effects of the head injury.

Standing Committee On Medical Manpower

Members:

J. C. Wilt, M.D.	Interim Chairman, Standing Committee on Medical Manpower
M. J. Painchaud	Executive Secretary
K. M. Simpson, M.D.	College of Physicians and Surgeons of Manitoba
B. D. Postl, M.D.	University of Manitoba
B. Wright, M.D.	Professional Association of Residents and Interns, Manitoba (PARIM)
R. J. Boyd, M.D.	Manitoba Medical Association
G. Dow, M.D.	Manitoba Medical Association
G. Gelowitz	Manitoba Health Organizations, Inc.
A. Goldstein	Universities Grants Commission (to June 4, 1987)
B. Levin, M.D.	Universities Grants Commission (from June 5, 1987)
T. Arnason	Union of Manitoba Municipalities

Resource Consultants:

V. MacKay	Manitoba Health Services Commission (to August 28, 1987)

J. Lock	Manitoba Health Services Commission (from August 31, 1987)
T. Williams, M.D.	Manitoba Health Services Commission
D. Pascoe	Research and Planning Directorate, Manitoba Health

The Standing Committee on Medical Manpower, established in 1979, reports to the Ministers of Health and Education and, as stated in the Ad Hoc Committee on Medical Manpower report dated April 19, 1978, was constituted "for the purpose of review, analysis, evaluation and recommendations with respect to all matters bearing on the supply, category of practice and geographic distribution of physicians in Manitoba".

The major problems identified by the Ad Hoc Committee on Medical Manpower in 1978 were shortages of medical services in rural and remote areas of Manitoba and the Standing Committee has, up to now, focused mainly on shortages and maldistribution of physicians in these areas.

To redress the problem, the Committee oversees a placement bureau, an incentive program, and facilitates the immigration of foreign physicians.

The Committee has assumed the major responsibility for placement services and maintains a list of communities seeking physician services and a complementary list of physicians seeking practices.

The incentive program supports medical students in summer job experience in rural areas, offers loans to selected

third and fourth-year students agreeing to practice in a medically underserviced area, offers rural residencies at the University of Manitoba to physicians who wish post-graduate training in specialties needed in rural areas, and approves incentive grants to physicians wishing to establish practice in medically underserviced areas.

The efforts of SCOMM have been successful in many cases; however, there continues to be an overall shortage of physicians in rural and remote areas of Manitoba. Physicians, medical students and health personnel indicate that some of the barriers to rural practice can be attributed to:

(a) isolation from professional colleagues
(b) overwork resulting from public demand for continuous service
(c) lack of acceptable housing
(d) limited social and cultural amenities
(e) high cost of establishing a viable practice
(f) high cost of living, particularly travel for vacations, business or professional meetings
(g) difficulty of getting a temporary replacement to permit travel or attendance at meetings
(h) lack of educational opportunitites
(i) constraint on fee income and its potential for growth due to limitations of population in the catchment area
(j) lack of confidence or security to practise in a more isolated milieu, without ready access to sophisticated diagnostic and treatment resources, as well as consultation services (This may reflect badly on the education and training of our graduates - should more experience be gained during the internship and residency training in a community setting?)

Circumstances have changed and today equally important problems exist in the urban areas, where an oversupply of some types of physicians and under-supply in certain specialties (Radiotherapy, Laboratory Medicine, Psychiatry and Anaesthesiology) have manifested themselves.

The Committee perceives that one important solution to the problems of both rural and urban manpower supply lies with the re-organization of the health systems, including shared resources and services arrangements between the regions.

Further details of SCOMM programs can be found in the Annual Report of the Standing Committee on Medical Manpower, including data concerning physician supply and distribution.

Standing Committee on Diagnostic Services

Members:

J. H. McBeath, M.D.	Chairman, Manitoba Health Services Commission
B. Arnold	Citizen Representative
R. Banerjee, M.D.	Manitoba Medical Association
D. Bowden, M.D.	University of Manitoba
F. P. Doyle, M.D.	College of Physicians and Surgeons of Manitoba
G. Hammond, M.D.	Manitoba Health Services Commission
R. H. Harvey	Manitoba Health Services Commission
P. G. Lommerse, M.D.	College of Physicians and Surgeons of Manitoba
T. A. Yeo, M.D.	Manitoba Medical Association
F. Toll,	Secretary, Manitoba Health Services Commission

Resource Consultants:

H. Friesen	Manitoba Health Services Commission
J. Lock	Manitoba Health Services Commission

The Standing Committee on Diagnostic Services advises the Commission on requests for new diagnostic facilities and on requests for expanded services in facilities already in place. It also acts as a reference and consultative body about problems in the operation of diagnostic services which the Minister of Health or the Manitoba Health Services Commission may refer to it.

The Committee met twice during 1987/88 and considered seven requests. Three of the requests were recommended for approval; one was not; one request was withdrawn; and a decision on the remaining two requests was pending on March 31, 1988.

The three approvals were as follows:

1. One laboratory to perform Pulmonary Function studies

2. One laboratory to perform four additional procedures

3. One X-ray facility to provide a mammography service

Insurance Division

The Insurance Division is responsible for assessing and processing claims received from practitioners and individuals, for assessing complex medical claims and for assessing and processing claims for insured services to Manitoba residents rendered in other provinces, territories or countries.

From April 1, 1987 to March 31, 1988, the total number of claims processed was 8,747,846, an increase of 3.5 percent over 1986/87. The total number of out-of-province claims processed was 70,231, a slight decrease from 1986/87.

Information on insured services and programs is provided to the public, by the distribution of pamphlets, booklets, brochures and posters and by periodic media advertising campaigns.

The division determines eligibility for insured services and benefits and is responsible for registration and enrollment of all residents of Manitoba in the Manitoba Health Plan.

Eligibility for Insured Health Services and Benefits

All Manitoba residents are entitled to insured health benefits provided by the Manitoba Health Services Commission. When health services are required as the result of injuries through the negligence of a third party, all or part of the costs are recoverable from insurance companies.

Newcomers, from other provinces or territories, establishing permanent residence in Manitoba, must wait until the first day of the third month after arrival to be eligible for all benefits; the exception is residents in a personal care home

(see last paragraph of this section). During the waiting period, new residents are encouraged to continue with the health insurance coverage plan of their former province or territory. Manitobans leaving the province permanently are provided with coverage for a similar period under the Manitoba Plan.

If a person taking up permanent residence in Manitoba has previously lived in another country, benefits are available on the date of arrival in Manitoba.

New residents are required to register themselves and their dependents with their employer, with the municipality where they live, or with the Commission.

Former residents of Manitoba, who previously lived here for 30 years or more, can be considered for personal care home benefits on the date of their return to Manitoba. Newcomers to Manitoba and former residents of less than 30 years residency are eligible for personal care home benefits after living in Manitoba for 24 consecutive months. In all cases, an assessment panel must determine whether or not an applicant qualifies for placement.

Medical Program

The medical program provides insured physician services in health care facilities, in the physician's office or in the patient's home. Rates of payment for various medical procedures are based on a Schedule of Benefits negotiated between the Commission and the Manitoba Medical Association. In 1987/88, the Commission processed 7,998,183 physicians' claims totalling $224.7 million, an increase of 3.3 percent in claims, and an increase of 6.5 percent in payments over 1986/87. The 1987/88 costs of $224.7 million include a

provision for a fee increase for 1987/88, to be funded on a retroactive basis.

Other Insured Health Services

Also insured are certain services provided by optometrists, chiropractors, and dental surgeons.

Optometric benefits include a complete eye examination, with refraction and prescription, performed annually or as medically required. In 1987/88, the Commission processed 223,724 optometric claims totalling $5.4 million, an increase of 7.6 percent in claims, and 10.2 percent in payments over 1986/87.

Chiropractic services are insured up to a maximum dollar amount for each individual, for benefits received during a calendar year. In 1987/88, the Commission processed 521,598 chiropractic claims totalling $8.1 million, an increase of 6.0 percent in claims, and 5.2 percent in payments over 1986/87.

Insured dental services include certain surgical procedures when performed in a hospital, by registered dentists, or oral surgeons. In 1987/88, the Commission processed 4,341 claims for oral surgery totalling $1.3 million, an increase of 2.1 percent in claims and 8.3 percent in payments over 1986/87.

Specific prosthetic and orthotic devices and services, including certain limb and spinal braces, are also insured when prescribed by a medical practitioner. In 1987/88, 18,114 devices and services cost $2.3 million, a decrease from 1986/87 of 2.9 percent in the number of devices and services supplied, and 6.5 percent in the amount paid.

The cleft lip/palate program insures the cost of routine dental maintenance, prosthetics, including crowns and bridges, and the services of orthodontists for children under 18. In 1987/88, the Commission processed 631 cleft lip/palate claims totalling $99,800, an increase of 2.6 percent over 1986/87 in the number of claims, and a 6.5 percent decrease in the amount paid.

Breast prostheses are insured up to a maximum limit of $130.35 per prosthesis. The program insures a maximum purchase of two prostheses every four years for a single mastectomy or four for a double mastectomy. A subsidy of $10.45 per surgical brassiere, up to a total of two brassieres in each 12-month period, is also provided. In 1987/88, the Commission processed 1,454 claims for breast prostheses and surgical brassieres totalling $130,900, an increase of 0.3 percent over 1986/87 in the number of claims, and a decrease of 4.5 percent in the amount paid.

For children under 18 the Hearing Aid Program provides for reimbursement of 80 percent of the cost of a hearing aid, plus services related to fitting it, every four years in excess of a deductible amount of $75. Additional hearing aids may be subsidized, during the four-year period, if they are medically required and if the purchase is supported by a statement from an otolaryngologist or an audiologist. In 1987/88, the Commission processed 100 audiological claims resulting in payment for 148 hearing aids totalling $37,300, a decrease of 2.0 percent from 1986/87 in the number of claims, and 10.1 percent in the amount paid.

Orthopaedic shoes are insured for children under 18. The Commission pays 50 percent of the cost of stock shoes, up to a maximum benefit of $23.65; and 50 percent of the cost of shoes for children with different sized feet, to a maximum

benefit of $35.50; and 50 percent of the cost of custom-made shoes, to a maximum benefit of $118.25. Four dollars and seventy-five cents ($4.75) per pair of shoes is allowed for alterations. The program insures a maximum purchase of two pairs of shoes in 12 months. In 1987/88, the Commission processed 786 claims totalling $19,000, a decrease of 9.7 percent from 1986/87 in the number of claims, and 6.9 percent in the amount paid.

The Commission insures telecommunication devices for the profoundly deaf. This equipment makes it possible to conduct telephone conversations by keyboard and display terminal. Qualified purchasers of such equipment receive 80 percent of the cost, in excess of a deductible of $75, to a maximum of $364. In 1987/88, the Commission processed 61 claims for such devices totalling $14,900, an increase of 69.4 percent over 1986/87 in claims, and 88.6 percent in the amount paid.

The Commission partially insures eyeglasses for persons age 65 and over. This program pays 80 percent of the cost towards approved maximum amounts for prescribed eyeglasses including dispensing fees, lenses and standard frames over a deductible amount of $50. In 1987/88 the Commission processed 19,978 claims for eyeglasses totalling $699,200, a decrease from 1986/87 of 1.0 percent in claims, and 2.6 percent in the amount paid.

Pharmacare Program

The Pharmacare Program protects Manitobans from financial hardship resulting from expenses for prescription drugs. For the calendar year 1987, this program covered 80 percent of the cost of eligible prescription drugs in excess of the deductible. The initial deduction is $75 for those 65 and over, and their families. For persons under 65, the deductible amount is $125.

Advice and guidance on the listing of currently eligible drugs, and other matters relating to the Pharmacare Program, is provided to the Commission by the Pharmacare Committee.

In the 1987/88 fiscal year, the Commission's expenditure for Pharmacare was $37.4 million as compared to $29.1 million in 1986/87.

For the 1975 benefit year, the year universal Pharmacare was introduced, the Commission processed 80,329 claims totalling $4.3 million. Twelve years later, for the 1987 benefit year, the Commission processed 189,500 claims totalling $35.3 million, an increase of 136 percent in claims processed and 721 percent in program costs.

Facilities Divisions

Hospitals

At March 31, 1988, Manitoba had a total of 5,419 active treatment beds and 1,013 extended treatment beds to service a population of 1,121,128, or 4.8 active and 0.9 extended treatment beds per 1,000 population.

Fifty-six percent of the population lives in Winnipeg, with 3,058 active treatment beds and 782 extended treatment beds. There are two teaching hospitals and five community hospitals ranging in size from 136 beds to 1,113 beds, plus two extended treatment centres, one specialty facility for children, and an adolescent psychiatric facility. Because rural Manitobans and non-residents accounted for 20.1 percent of patient days in Winnipeg hospitals, the active treatment beds available to Winnipeg residents were 3.8 per 1,000 population.

Manitoba's rural population is served by 70 community and district hospitals ranging in size from under 15 beds to 401 beds, plus two federal hospitals and 18 federal nursing stations, as well as the beds used in Winnipeg hospitals.

Standards of care and service in Manitoba hospitals are monitored by consultants employed by the Commission. These officers provide a consulting service covering most aspects of hospital operations including staffing patterns, laboratory and organ imaging, diagnostic services, nursing, dietetics, pharmacy, and other support services including administration and finance. They also assist in the planning, development and implementation of programs.

Finance officers review budget submissions, financial and statistical returns, and prepare rate recommendations and year-end settlements.

Hospital Insured Services

Health services provided to persons in hospital as insured services include:

- standard ward accommodation and meals (for preferred accommodation a hospital may bill a patient directly)
- necessary nursing services
- laboratory, radiological and other diagnostic procedures
- drugs, biologicals and related preparations
- use of operating room, case room and anaesthetic facilities
- routine medical and surgical supplies
- radiotherapy, physiotherapy, occupational and speech therapy
- other goods and services approved by the Commission

Most out-patient services are insured. In some cases, the hospital may charge for take-home supplies of drugs and dressings.

In 1987/88, insured hospital services cost $735.1 million, an increase of 7.7 percent over 1986/87. This included 1,765,281 insured days for separated patients, 1,686,670 for adults and children, and 78,611 for newborns, a decrease of 5.8 percent from 1986/87.

Deficit Reduction

In mid-year 1986/87 most larger hospitals were projecting significant deficits. Following a review, Government agreed to fund justifiable deficits on the condition that the facilities would commit to a no-deficit policy in the future. For 1987/88, all larger hospitals were requested to submit financial management plans that outlined a process for reducing their current deficits and preventing future deficits. These plans were received and reviewed by the Commission in July 1987 and government approval for implementation was given in October 1987.

Bed closures proposed by hospitals in Brandon and Winnipeg were approved as part of the financial management plans. The bed closures were allowed by the Commission only on condition that patient care needs would continue to be provided by reasonable reductions to length of inpatient stay and/or by introcution of ambulatory care substitutes for more expensive inpatient care such as day surgery.

A total of 29 beds were permanently closed in Brandon with the space converted to a Day Surgery Unit. In Winnipeg, approximately 98 beds were permanently closed in three hospitals (Health Sciences Centre, St. Boniface General Hospital and Victoria General Hospital), for a provincial total of 127 beds.

Significant efforts have been made by all institutions to comply with the no deficit policy. Unaudited information presently indicates that small deficits exist only at three Winnipeg hospitals.

Community Health Centres

In 1987/88, the Manitoba Health Services Commission funded the operation of eight community health centres located in Winnipeg and five located in rural Manitoba. While some health centres provide specialty services to specific client groups, such as occupational health services, crisis intervention, geriatric and pediatric health services, medical transportation, etc., most continued to provide comprehensive primary health care to their respective communities or the general population.

Two capital projects were initiated during the past year to provide improved facilities to both Klinic, Inc. and Health Action Centre. The Women's Health Clinic also relocated to another facility during the year.

The medical program in Village Clinic was expanded in order to meet the increased demand for health services from clients with AIDS or concerned with AIDS-related issues.

Planning and developments were undertaken to assist the Southwest Health District in implementing a primary health care program, in the form of a community health centre, as an integral part of the district health services system.

The developmental phase of an automated information system for community health centres was also completed. Information generated from this system will assist in

program planning, program evaluation, and study of health service utilization patterns. A 12-month pilot study began in October, 1987 in three urban centres, and is expected to continue until the fall of 1988. An evaluation of the system in operation has also been conducted, the findings of which will help direct future developments and implementations.

Canadian Organ Replacement Register

The Canadian Organ Replacement Register is a new initiative developed conjointly between the federal government and the provinces. It involves the establishment of a national automated register of organ transplant patients, dialysis patients, and patients with organ failure in need of a transplant. The data base will be used by clinicians, researchers and government personnel for health care planning and evaluation of treatment and results.

The project is chaired by Dr. John Jeffery, Medical Director of the Transplant Program at the Health Sciences Centre. The registry will be operated by Hospital Medical Records Institute in Toronto. A computerized, organ waiting-list (OWL) has been established which will allow a more efficient matching of recipients and donors. The OWL computer is located at Manitoba Data Services in Winnipeg.

Anaesthetic Equipment Upgrade Program

In response to changes in CSA Standards for anaesthetic equipment, the Manitoba Health Services Commission initiated a province-wide review of anaesthetic equipment in all

hospitals. This review is being conducted under the guidance of an advisory committee consisting of representatives from rural, community and teaching hospitals, the Manitoba Health Organizations Incorporated, the Commission, and the College of Physicians and Surgeons of Manitoba. The completion of this review will be followed by a program of equipment upgrade and replacement through a group tender for new equipment. The group tender will be coordinated by the Manitoba Health Organizations Incorporated and is anticipated to be completed by the end of 1988.

The intent of the anaesthetic equipment upgrade is to enhance patient safety in the operating room, in addition to addressing the potential occupational hazard to staff from prolonged exposure to waste anaesthetic gases.

Long Term Care Programs Division

The Long Term Care Programs Division administers the insured personal care home program and is responsible for planning and developing new programs to meet emerging needs. The division approves funding, establishes and monitors standards for all free-standing personal care homes, the Adult Day Care Program, and the Respite Care Program in personal care homes and Deer Lodge Centre. The division also approves funding for Community Therapy Services of Manitoba and monitors the program.

Division consultants maintain liaison with other government departments such as the Office of Continuing Care, Manitoba Health (which provides home nursing, social assessment and homemaking services for elderly clients), the Inter-departmental Committee on Support Services for Seniors (which approves funding for community programs to help maintain the independence of the elderly in the community), the Provincial Gerontologist, and Elderly Persons' Housing.

Personal Care Home Program

The Personal Care Home Program provides the following insured benefits:

- accommodation at the standard ward level
- meals, including special and therapeutic diets
- necessary nursing services
- routine medical and surgical supplies

- prescribed drugs, biologicals and related preparations approved by the Commission
- physiotherapy and occupational therapy services
- routine laundry and linen services
- other goods and services approved by the Commission

Since 1973, when Manitoba became the third province to provide a universally insured personal care home program, residents have paid a residential charge amounting to approximately 25 percent of total cost. At March 31, 1988 this charge was $19.60 a day.

In 1974, the first full year of the program's operation, the cost was $34.1 million for 2,455,173 resident days in 95 facilities.

In 1987/88 the cost was $169.1 million for three million resident days in 113 facilities.

As at March 31, 1988, 33 of Manitoba's personal care homes are in Winnipeg with a total 4,532 beds, and 80 are in other regions with a total of 3,707 beds.

Under an agreement with the Federal Government, Deer Lodge Centre has reserved 155 personal care home beds for veterans. Now being developed as a geriatric centre, the former Deer Lodge Hospital was a federal institution until 1983 when it was transferred to provincial jurisdiction.

Eighteen of Manitoba's personal care homes - 12 in Winnipeg, three in Brandon and three in rural areas - are privately owned and operated. Ninety-five are non-proprietary and are

operated by municipal authorities, non-profit religious or charitable groups, and service organizations.

Admission to a personal care home is determined by an assessment panel of health professionals including a physician, a nurse, a social worker and the Regional Continuing Care Co-ordinator. If the panel agrees that an applicant cannot be cared for appropriately in the community, he or she is listed for admission to a personal care home, at one of four levels of care defined for the program. Levels of care are determined by the amount of nursing care required by the resident. As of March 31, 1988, 7.3 percent of residents were at level one, the lightest level, 33.0 percent were at level two, 31.5 percent were at level three and 28.2 percent were at level four.

As of March 31, 1988, 49.1 percent of all personal care home residents were over 85 and 21.4 percent were between 80 and 84. Of the remainder 13.3 percent were between 75 and 79, 7.4 percent were between 70 and 74, 4.0 percent were between 65 and 69, and 4.9 percent were under 65.

Community Therapy Services of Manitoba

Physiotherapy and occupational therapy services in most personal care homes are provided by Community Therapy Services of Manitoba. This organization is funded by Manitoba Health and Manitoba Health Services Commission. In addition to its personal care home program, the agency provides therapy services to rural hospitals and to Home Care clients.

Personal Care Home Drug Program

A one-year agreement between the Commission and the Manitoba Society of Professional Pharmacists expired in October, 1986 and a new agreement has not been signed. Under the original agreement pharmacists were paid the cost of the drug prescribed, plus a capitation fee of $20.60 per resident per month. This remains in effect until a new agreement is negotiated.

Standards for pharmacy services in personal care homes, which were approved by the Personal Care Home Drug Program Review Committee in 1986, are monitored regularly by the Division's pharmacy consultants.

A Prescribing Guide for rational drug therapy in the elderly was developed and implemented in 1986/87 in all personal care homes. The response to the Guide has been mostly positive. The Prescribing Guide Committee meets quarterly to consider requests for addition to, or deletion from the Guide.

Adult Day Care Program

The Adult Day Care Program strengthens the ability of frail, at-risk individuals to remain in the community; combats the debilitating effects of social isolation; and provides respite for family and primary care providers. Programs are usually sponsored by personal care homes, and clients are referred by Continuing Care Case Co-ordinators.

In 1987/88, six new programs were approved and together with existing programs provided a total provincial capacity of 11,751 participant days.

In 1987/88 the Adult Day Care Program cost $1,344,000 an increase of $136,400 over 1986/87.

Respite Care Program in Personal Care Homes

The Respite Care Program began in 1980 in personal care homes choosing to participate. It offers periods of planned respite to families by providing dependent relatives with short-term admissions to personal care homes.

At March 31, 1988 there were 27 personal care home sponsors, 14 in Winnipeg and 13 in rural Manitoba. In 1987/88, 486 people had used respite beds in 742 separate admissions, for a total of 10,793 days of care.

Emergency Health and Ambulance Services Division

This division includes emergency health services, land and air ambulance programs and the Northern Patient Transportation Program (NPTP).

The function of Emergency Health Services is to plan province-wide responses to health emergencies such as major accidents or natural disasters.

Patient transport services fall into three categories:

1. Land ambulance services.

2. Air ambulance services.

3. Northern patient transportation subsidization for qualifying residents of northern Manitoba.

Emergency Health Services

Planning comprehensive, province-wide responses to health emergencies during times of disaster, coordinating emergency health transportation and evacuation procedures, and allocating supplies and equipment under extreme circumstances, are key components of the Emergency Health Services Program. The Commission assists acute care facilities and personal care homes in developing written plans to cope with local internal and external disasters. The Commission also assists facilities with mock disaster exercises, undertaken to ensure the feasibility of disaster plans. During 1987/88, six such exercises were conducted.

Ambulance Services Program

The Ambulance Services Program provides annual grant assistance to municipal governments for ambulance services. The grants may be applied towards purchasing ambulance vehicles and equipment, or to subsidize operating costs. In 1987/88, 1700 licensed drivers, or driver/attendants, operated 127 ambulances throughout the province making 61,000 service calls. One hundred and eighty-five municipalities and towns and 19 Local Government Districts received approximately $2.2 million in grants under the program.

Each ambulance service and all drivers and driver/attendants are licensed by the Commission. The majority of drivers and driver/attendants are community volunteers, except in Winnipeg, Brandon, Thompson, Selkirk and Flin Flon, which have full-time staff. Ashern, Portage la Prairie, Neepawa, Swan River and The Pas each have full-time private services. Ambulance vehicles and equipment are inspected annually, to ensure compliance with provincial standards.

The training program for ambulance personnel has now certified 1500 people at the Manitoba First Responder level. This program was developed and coordinated by Commission staff and delivered throughout the province by 110 certified volunteer instructors. Of 86 services, the majority now have four or more First Responders trained and certified.

A Commission program developer recently finalized the curriculum for Emergency Medical Attendant Level I training. Two services, Selkirk and Brandon, have completed the training. Flin Flon, Pine Falls and Pinawa attendants are currently being trained. Application is being made to the Conjoint Committee on Accreditation of Educational Programs

for Emergency Medical Technology to obtain accreditation of this program.

Ambulance Service training is reviewed and approved by a provincial Pre-Hospital Care Medical Advisory Committee, composed of rural and urban physicians, nurses and ambulance personnel. Specific performance criteria are established to guide pre-hospital care providers in critical care situations. The Ambulance Services Administrative Advisory Committee reviews and advises on administrative policy matters. It is composed of rural, urban and allied interest group administrative representation.

Northern Patient Transportation Program

The Northern Patient Transportation Program pays ground or air transportation costs for emergencies and urgent hospital-to-hospital transfers, as well as transportation costs for certain elective cases. To be eligible, northern patients must require medical transportation from within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg.
- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Under this program, urgent hospital-to-hospital transportation is administered by the Commission, while transportation for elective hospital and medical treatment is administered by five regional authorities at Churchill, Flin Flon, The Pas, Thompson and Winnipeg.

Some specific benefits include:

- return transportation for patients transferred from hospitals in northern Manitoba to any other hospital in the province

- return transportation for persons requiring elective hospital and other medical treatment which is not available at their place of residence

- return transportation for a patient's escort who may be a doctor, nurse, parent or other authorized person

- escort's reasonable overnight room and board expenses

In 1987/88, the total program cost was $2,773,000 compared with $2,554,000 for the previous year or an increase of 8.6 percent. Of this increase, 7.7 percent or $195,700 is attributable to prior years' costs (1983/84-1986/87) incurred by the regions and funded during 1987/88.

During 1987/88, 13,365 transportation warrants were processed compared with 13,957 warrants for the previous year or a decrease of 4 percent.

Air Ambulance Program - Lifeflight

The Manitoba Air Ambulance provides safe, aeromedical transportation for seriously ill and injured Manitoba residents, from rural and northern Manitoba to Winnipeg referral centres. During 1987, the air ambulance transported 462 patients, 88 of whom were from southwestern

Manitoba. The remainder were flown to Winnipeg from northern communities.

During 1987/88, the costs associated with air transportation of eligible seriously ill Manitoba residents, to health care facilities outside of Manitoba for medical care unavailable in the province, were insured.

Arrangements for out-of-province air transport of critically ill patients are made collaboratively by Lifeflight personnel and the referring health care facility. The backup Government Air Services Citation I jet is the aircraft of choice, when possible, for out-of-province transports. This ensures that provincial air ambulance emergency service (the Lifeflight Cessna Citation SII) is available at all times. In 1987, 14 patients were flown out of province.

The Air Ambulance is staffed by specially-trained Flight Nurses with experience in critical care and emergency nursing. These nurses also have extra training which includes altitude physiology and the effects of flight on patients, Advanced Cardiac Life Support Certification, ground school and aircraft safety, restricted radio operator's license, survival skills and Emergency Medical Attendant I training. Twenty-four percent of the patients transported also required a physician escort. The High Risk Neonatal Transport Team accompanied Lifeflight on 47 transports in 1987.

The dedicated air ambulance aircraft, Cessna Citation SII jet, is specially equipped for emergency patient care. Some 49 communities with suitable airfields throughout the province are potentially accessible to the service, depending on weather conditions. The aircraft is operated by the Manitoba Government Air Division. There are 10 jet

pilots with northern flying experience, aeromedical training, and Basic Cardiac Life Support Certification who provide the required dual pilot coverage twenty-four hours a day.

The 1987/88 Air Ambulance Program operating costs, which are funded by the Commisssion, were $1.7 million and $1.0 million for aircraft leasing costs.

Construction Programming Division

The Commission is responsible for planning and funding a balanced program of health facility maintenance and construction. The work is accomplished through the Construction Programming Division.

The Construction Programming Division has three sections:

1) Planning & Programming
2) Construction
3) Capital Financing

The Planning & Programming section is responsible for the resolution of the health care issues before proceeding to the capital program, and staff in this section work with the health facility sponsors during the role statement and functional programming phase of the construction process.

The Construction section is staffed with professionals in engineering, architecture, and construction management. They monitor and review the design and construction activities including new construction, major renovation, and extraordinary and preventive maintenance.

The Capital Finance section is responsible for budgets, scheduling and approval of construction funding, and establishes interim and long-term financing and ensures the orderly repayment of capital debt. They also audit construction projects.

During 1987/88, 18 major construction projects and 16 fire commissioner, contingency and health facility regeneration projects were completed at a total cost of $49,047,309.

The major projects included new hospitals at Pine Falls and Whitemouth, and a renovation and addition at Steinbach.

Also completed were renovations at the Health Sciences Centre for improved air handling, a medical staff library, post anaesthetic recovery area, and equipment purchases for the MS building. At the Brandon General Hospital, a mechanical upgrade project and a new CT Scanner were completed. A new CT Scanner was also added to the St. Boniface General Hospital. A new 100 bed personal care home (Rideau Park) in Brandon, a 50 bed addition at Bethania Mennonite Personal Care Home in Winnipeg, and a 65 bed addition at Salem Home in Winkler were completed during the year. Life safety upgrading and renovations were also completed at The Middlechurch Home of Winnipeg; Betel Home, Selkirk; Villa Youville, Ste. Anne; and Luther Home in Winnipeg.

Another 18 major projects were under construction during 1987/88 at a total cost of $99,850,000. This includes eight projects at the Health Sciences Centre; upgrading emergency power, fire safety upgrading, adult radiology Phase II, CT Scanner II, oncology, Children's Hospital operating room upgrade, prosthetics upgrading and General Hospital upgrading. Included also were the energy plant at the Misericordia General Hospital, redevelopment of the Deer Lodge Centre, the building services upgrade at the St. Boniface General Hospital, the new 18 bed Grandview Hospital, an addition to the Souris Hospital, and fire safety upgrading of the Victoria General Hospital. The Brandon Central Laundry construction was also underway, as were the 118 bed Foyer Valade in Winnipeg and the Ste. Rose Personal Care Home expansion and renovation.

Administration Division

The Administration Division is responsible for financial and administrative services of the Commisssion. The division has two sections - the Comptroller's Office and the Administrative Services Section.

The Comptroller's Office is responsible for general accounting, control of assets, budgetary planning, monitoring expenditures for health programs and reporting on these expenditures to program managers, senior staff and government in accordance with Commission and Government of Manitoba policies. The Comptroller's Office is responsible for the Financial Summary on pages 106 to 113.

The Administrative Services Section provides a central administrative support service to the Commission, including office services, physical plant operations, library services and the car pool.

The Commission's administrative costs in 1987/88 were $17.6 million or 1.45 percent of total expenditures.

Human Resources Programs Section

On March 31, 1988, the Commission employed 702 people compared to 693 on March 31, 1987. This included 25 positions filled by job-sharing employees.

The increase of nine employees is due to new positions, filled vacancies and an increase in the number of job-sharing employees.

During 1987/88, the Commission provided work experience for seven high school and college students enrolled in business skills and secretarial programs.

In the summer of 1987, the Commission employed 14 students, through the Student Temporary Employment Program in a variety of projects, including several related to health research.

In August 1987, the Commission designated a liaison person to work with the office of the Provincial Coordinator for the Decade of Disabled Persons. An internal Committee was established to review and evaluate the activities of the Commission with regard to the needs of and services for disabled persons. A Committee member was trained to deliver in-house seminars of the Windmills Attitudinal Change Program for managers, supervisors and co-workers of disabled staff, and those who provide receptionist services to the public.

In 1987/88, 83 University of Manitoba fourth-year medical students attended six educational seminars at the Commission. Senior staff, representing various Commission divisions, participated in two-hour sessions consisting of presentations, a question and answer period, and a tour. The meeting provided students with an overview of the

Commission's organization, functions, and programs. The faculty of Medicine, at whose request the seminars were initiated several years ago, considers these seminars an important component of the students' education.

Two physicians, enrolled in the Faculty of Medicine's Community Medicine Residency Program, spent two weeks at the Commission studying its operation.

Affirmative Action

Long term goals for representation of the target groups - native, disabled, and visible minorities - were achieved in entry-level positions. To increase representation of the target groups at all levels, and women in management, Affirmative Action continued to be a consideration in every recruitment activity.

Strategies such as job rotation, acting status, and development and training opportunities continued to be used to ensure enhanced opportunities for upward mobility of clerical/secretarial staff. A Career Planning and Exploration Program was initiated, as a result of recommendations made by a sub-committee representing clerical and secretarial staff.

A full-time Affirmative Action Specialist was hired by the Department of Health to assist in coordinating the joint Manitoba Health and the Manitoba Health Services Commission Affirmative Action Program.

Health Information Systems Division

The division is made up of four sections: Data Processing, Systems and Procedures, Regional and Community Based Programs, and Management Information.

Data Processing provides computer services to all divisions of the Commission, including Cadham Provincial Laboratory, and some services to the Department of Health. The section also provides consulting services to management on computer-related matters. During 1987/88, section staff were involved in new development and/or implementation of computerized administrative systems for:

- Hospital Abstract System
- Cervical Screening Program
- Cadham Laboratory Systems
- Out-of-province claims-payment processing program
- Medical Reciprocal Claims System

The Data Processing section is also responsible for supporting computerized systems in place to handle all claims insured under the Manitoba Health Insurance Plan and the associated management information system.

Use of computer telecommunications to enhance and facilitate data exchange among the Commission, health facilities and health providers continued to be an important thrust during the year.

The Systems and Procedures section provides analytical services to all divisions/areas of the Commission. Section staff are also providing project leadership in the development of regional and community based systems/programs. The section is responsible for analyzing, documenting, recommending, and implementing changes to existing systems and procedures, conducting studies and developing, implementing and monitoring new systems. It is also responsible for the Commission's forms management program and prepares forms, brochures and manuals. Legislative proposals and amendments to Acts and Regulations are co-ordinated by this section.

In November 1986, the Systems Planning and Computer Services Branch of Manitoba Health was transferred to the Commission and incorporated into the Health Information Systems Division. As a result of this consolidation, the Health Information Systems Division is responsible for providing data processing and systems services for Manitoba Health and the Commission. The consolidation ensures that health information systems which are developed are in keeping with corporate objectives and are integrated and compatible with both institutional and community-based services. The Regional and Community Based Programs section was established to provide computer services to all regional operations, as well as central program directorates and administrative offices of Manitoba Health. During 1987/88, the section was involved in the initial stages of the redesign and development of two systems: the Manitoba Immunization Monitoring System and the Manitoba Support Services Payroll System. In addition, the section maintained various smaller applications, as well as a decentralized minicomputer environment.

The Management Information section is responsible for the compilation and circulation of statistical information on

health service utilization. Separate data bases are maintained for each major program.

This section reviews and evaluates the process of accumulating population and health statistics to maximize their relevancy to the growing demand for information by the Commission, Manitoba Health, other provincial government departments, health facilities, provincial and federal governments, the Manitoba Medical Association, the College of Physicians and Surgeons of Manitoba, and health researchers. The section prepares the Commission's annual statistical report and is responsible for the statistical section of this report to be found on pages 66 to 105. The section also prepares a quarterly Statistical Bulletin for Manitoba Health and prepares the statistical section of the Manitoba Health Annual Report.

Agreement Between Manitoba and Unisys

On September 26, 1986, the Manitoba Government entered into a four-year Strategic Investment Agreement with Unisys for the purchase of $30 million in computer hardware, software and services. This investment will bring new information-processing technology to Manitoba's health care system, while creating new opportunities for the growth of computer technology industries in Manitoba.

Under the terms of the agreement, Unisys is to invest approximately $33 million in Manitoba. In turn, Manitoba is to purchase equipment, software and services valued at up to $13 million in 1987, $9 million in 1988 and $8 million in 1989.

As of March 31, 1988:

- Unisys has established a Health Care Service Centre employing 39 staff to develop and maintain health care software specifically designed for Manitoba and Canada.

- Manitoba Data Services has acquired a Unisys A-12 mainframe computer. Part of this computer's capacity is being utilized by the Unisys Health Care Service Centre. In addition, Brandon General Hospital is in the process of implementing a Unisys Patient Registration, Admission, Transfer, Discharge system. Grace General Hospital has requested approval to implement similar applications.

- The Manitoba Health Organizations' Data Centre has been upgraded to a Unisys A-10H mainframe computer.

- Misericordia General Hospital has acquired a Unisys A-5 mainframe computer and a network of Unisys personal computers. The Hospital has implemented the Unisys Patient Registration, Admission, Transfer, Discharge system.

- St. Boniface General Hospital has acquired a large Unisys A-12 mainframe computer and is in the process of implementing a full range of patient and administrative information systems.

A management committee has been established, as required by the Agreement, with representation from Manitoba Health Services Commission, Manitoba Industry, Trade & Technology and the Unisys Corporation.

The Commission has formed two computer steering committees on long term care and rural hospitals, to identify the information system requirements of those facilities.

Laboratory and X-ray Services Division

In 1987, Cadham Provincial Laboratory celebrated 90 years of service. The first director, Dr. Gordon Bell, was appointed Provincial Bacteriologist on April 15, 1897. The Laboratory has progressed from its humble beginning in a one-story cottage to a modern four-level building with a staff of almost 100.

Laboratory activities continue to be developed in a wide range of diagnostic and public health microbiological areas, as well as other fields of public health such as cholesterol testing and standardization.

A P3-level, biohazard containment laboratory has been established by Cadham Provincial Laboratory for research and diagnostic work in the field of retroviruses including the human immunodeficiency virus (HIV), the causative agent of AIDS (Acquired Immuno Deficiency Syndrome).

The P-3 level laboratory is in compliance with the Medical Research Council of Canada guidelines for laboratories handling dangerous human viruses and was designed to prevent the escape of any infectious material to the outside. Such containment is required to protect the investigators, as well as the public, from exposure to potentially infectious air-borne agents. Trained personnel with experience in handling human pathogens are in charge of the facility and the daily work.

The objective of the P3-level laboratory is to develop rapid, reliable and sensitive diagnostic tests for detection of HIV and other retroviruses.

The Cadham Provincial Laboratory facilities for serological testing for AIDS screening have been upgraded and an

additional confirmatory test, the Western Blot, has been added. From December 1985 to March 31, 1988, 5,264 blood specimens were tested; 142 specimens were positive for antibody (2.7 percent). An additional 13 positive specimens were detected from 250 individuals tested in a community outreach study.

The Manitoba Perinatal Screening Program continued to test all newborns in the province for congenital disorders of amino acid, carbohydrate and thyroid metabolism. These tests are designed to detect diseases for which treatment is available and when treatment is implemented in the first few weeks of life, will allow for normal mental and physical development.

Other CPL activities of note during the year include extensive investigations of institutional and possibly foodborne outbreaks of viral gastroenteritis. There has been a continued increase in the detection of chlamydia, now a reportable sexually transmitted disease. A pilot study of the early detection of Hepatitis B infections in pregnancy to prevent neonatal disease has been shown to be of value. CPL staff continue to provide extensive teaching and training opportunities for a wide range of health professionals.

In the rural Laboratory and X-ray Units (LAXUS), new diagnostic facilities were opened in Pine Falls, Whitemouth and Grandview. To increase efficiency, the supply depot for LAXUS was approved for transfer from Portage la Prairie to Winnipeg and the process is nearing completion.

The Laboratory and X-Ray Services Division has enhanced communications between Cadham Provincial Laboratory and its users and among the rural Laboratory and X-ray Units (LAXUS). It did so with the introduction of two networking

systems which allow rapid electronic messaging of laboratory results. The Division will continue to review new communication technologies, as they emerge, in an effort to ensure the best possible service for its users.

Research and Planning Directorate

The Research and Planning Directorate, established in 1982, consolidates research and planning for Manitoba Health and the Manitoba Health Services Commission.

In 1987/88, the Directorate:

- Reviewed physician supply data on an ongoing basis and initiated discussions with the University of Manitoba regarding the number of post-graduate medical education positions to be funded. Directorate representatives attended health/human resources-related committee meetings at the interprovincial and federal-provincial levels.

- Collected patient data from all geriatric day hospitals in order to evaluate the program and to provide a basis for a continuing reporting system to the Commission. A description of the patient population in terms of the most common medical problems and level of physical functioning will be provided. Patient status at admission and discharge will be compared.

- Analyzed the data on the Community-Based Management of Pregnancy-Induced Hypertension Pilot Project. The final report was printed in September, 1987. The pilot program provided daily Public Health Nursing to women with the condition instead of the conventional hospital care. Home care was found to be safe and acceptable.

- Acted as investigator on two projects funded by the National Health Research and Development Program:

  (1) Randomized study of any differences in outcome for elderly patients admitted from the emergency department to geriatric or general medicine wards. The hypothesis to be tested is that long-term health outcomes will be superior for elderly patients treated on geriatric medicine wards; and

  (2) Survey of the appropriateness of randomly selected antibiotic prescriptions in personal care homes. It is anticipated that certain characteristics of the homes will affect how antibiotics are prescribed. Thus the findings of the study may enable improvement of service to residents.

- Completed a plan for a review of the Seven Oaks General Hospital/Community Health Psychogeriatric Program. Patient treatment and outcome will be examined in relation to the operational characteristics of the program.

- Chaired the Chiropractic Review Committee which submitted its report to the Minister of Health on June 30, 1987. This committee was established to examine a number of issues of concern between the government and the chiroporactors. Recommendations were made relating to the fee negotiation process, legislation, chiropractic practice patterns and co-insurance.

- Participated on two in-hospital committees to develop a functional plan for expanded ambulatory

surgical services at Victoria General Hospital, following their submission of a plan to expand their ambulatory surgical program.

- Contributed to an interdepartmental working group which examined problems and health service needs of Status Indians in Winnipeg.

- Chaired the Working Group on the Establishment of a National Physicians Data Base which reports to the Federal/Provincial Advisory Committee on Health Human Resources (ACHHR). This group is responsible for the development of a national physician data base which would permit interprovincial comparisons of physician supply, distribution and practice patterns. At the December 1987 conference of Deputy Ministers of Health, funding was approved for the establishment of the National Physician Data Base.

Health Care Demonstration Projects

During 1987/88, the Minister of Health and senior staff reviewed more than 150 proposals for health care demonstration projects. Previously, the Minister had issued a call for proposals to demonstrate a reduction in in-patient admissions and/or length of stay without compromising the quality of care. This call for proposals arose from the recommendations of the Health Services Review Committee, a collaborative planning process between the service sector and government.

The process of project selection began with a blind rating of all projects by members of the Health Services Review

Committee. Projects receiving the highest rating were defined as a short list for subsequent review by senior staff. Project authors were requested to specify evaluation measures prior to final approval by Cabinet. The most promising proposals which could demonstrate clear results within 12 to 24 months were approved. Sixteen projects, totalling $1.7 million, received approval. The projects will provide progress reporting during 1988/89 as well as final documentation of all outcomes. Results will be published after the projects are completed.

The approved projects include both service delivery and research. Based upon outcomes, future decisions will determine whether such activities may be continued, expanded or terminated. Projects funded include:

- Shortened Hospital Stay for Low Birth Weight Infants - This project of comprehensive community follow-up care for 100 low birth weight infants and their families will help avoid illness associated with prolonged hospitalization at the Health Sciences Centre

- Early Dishcarge Surgical Program - Patients undergoing certain surgical procedures at Brandon General Hospital could be discharged early with scheduled home visits and out-patient follow-up

- Centralized Not-for-Admission (N.F.A.) Unit - This project proposes to expand the array of N.F.A. surgical procedures at Brandon General Hospital

- Community-Based Crisis Management Service for Mentally Ill Adults - The crisis stabilization unit and expanded community mental health services

will reduce frequent readmissions and lengthy stays in hospital

- Psychoeducational Program for Families of Schizophrenics - The educational program will teach coping methods to family members about the management of schizophrenia in home settings to reduce patients' symptomatic relapse and hospital readmissions at the Health Sciences Centre

- Review of Diagnostic Services - This research will examine the need to continue selected diagnostic tests to augment patients' medical treatments

- Urinary Incontinence Program - Assessment and treatment of urinary incontinence for elderly residents in a home setting will assist families and postpone admissions to the Health Sciences Centre

- Provincial Home Parenternal Nutrition Program - Required intravenous feeding therapy for adults and children will be provided in their home settings instead of in the Health Sciences Centre and the St. Boniface General Hospital.

- Review of Sputum Cytological Exams to Diagnose Lung Cancer - This research will examine whether a diagnostic test for patients suspected of having cancer of the lung is useful or redundant.

- Palliative Care Supports for a Rural Hospital - Staff training will enhance services of the Johnson Memorial Hospital (Gimli) to care for terminally ill patients and decrease demands upon Winnipeg hospitals.

- Prenatal Counselling Services for Immigrant/Refugee Groups faced with Linguistic Obstacles - Planned Parenthood Manitoba will provide reproductive health education services which are linguistically and culturally appropriate to four communities - Chinese, Vietnamese, Cambodian, and Spanish.

- Review of Cost Efficiencies in an Adult Medical Intensive Care Unit - Two adult intensive care units at the Health Sciences Centre will be examined to define efficient cost containment measures for the high technology service area

- Occupational Therapy Post-Discharge Service to Permit Earlier Hospital Discharge - The Health Sciences Centre Occupational Therapy Department will provide post-discharge services in home to permit early discharge and avoid readmission.

- Discharge Planning Model Conclusion for a Teaching Hospital - St. Boniface General Hosptial will develop specific strategies and a data collection system to implenent improved discharge planning

- Expansion of Admission and Discharge Program at a Teaching Hospital - The Health Sciences Centre will augment its current discharge planning with improved pre-admission assessment and centralized scheduling for utilization of beds over two years.

- Review of Hospitals' Utilization by Comparison to Diagnostic Related Groups (D.R.G.s) - This research will compare hospital utilization to identify appropriate admissions and length of stay.

Introduction to Statistical Section

The number and cost of Manitoba's insured health services are documented in this section. The registered population is included to illustrate rates of utilization for Manitoba residents. Calculations of the number and cost of medical services and patient days per 1,000 population allow comparison with similar data from other provinces.

Table 1 is an analysis of the population of Manitoba by health region, by sex and by age group. The population data are based on the Commission's records of residents registered with the plan.

M.H.S.C. Health Regions Map illustrates regional boundaries within Manitoba.

Figures 1 and 2 based on Table 1 illustrate the percentage distribution of the population by health region and by age group respectively.

Table 2 records health services expenditures by program, during the five-year period April 1983 to March 1988. Overall costs for insured benefits illustrate cumulative increases for existing and new programs.

Table 2 A is an index of health services expenditures by program for the years 1983/84 to 1987/88, considering 1983/84 as the base year for all the programs except Air Ambulance Program for which the base year is 1986/87.

Figure 3 illustrates the health services expenditure index for the years 1983/84 to 1987/88 for four major programs (Hospital Services, Medical Services, Personal Care Home Services, and Pharmacare Program) and for total expenditures.

Figures 4 A to 4 D illustrate per capita costs for total insured health, hospital, medical, and personal care home services, for 1983/84 to 1987/88.

Manitoba Hospitals Map illustrates the geographic location and size of all Manitoba acute and extended care hospitals.

Table 3 documents the distribution of hospital and personal care home beds according to location by health region. It does not reflect the actual use of beds by residents of one region in hospitals in other regions.

Figure 5 illustrates hospital days per 1,000 population by region of residence, for 1986/87 and 1987/88.

Table 4 documents the distribution of hospital cases and days for adults and children (excluding newborns) according to broad diagnostic categories. Basically the same diagnostic categories are used in Table 9 which documents medical utilization. These two tables provide an overview of hospital and medical claims by diagnostic category.

Table 5 documents the rated bed capacity and net M.H.S.C. payments,to each Manitoba hospital by hospital category and bed size, and related health facilities, during 1986/87 and 1987/88.

Manitoba Personal Care Homes Map illustrates the geographic location and size of personal care homes outside of Winnipeg.

Table 6 portrays the number, percentage distribution, and rate per 1,000 population of personal care home residents by age group, sex, and level of care, as at April 1, 1988.

Figure 6 illustrates the number of personal care home residents per 1,000 population by age group and sex, as at April 1, 1988.

Table 7 documents the rated bed capacity and net M.H.S.C. payments to each Manitoba personal care home by health region during 1986/87 and 1987/88.

Table 8 illustrates the distribution of health practitioners according to location by health region, based on M.H.S.C. payments over $30,000. The actual utilization of practitioners services is not reflected in the ratio of population per practitioner.

Figure 7 illustrates the medical services per capita cost by health region of residence, for 1986/87 and 1987/88.

Table 9 documents the distribution of medical services and costs according to broad diagnostic categories (similar to Table 4 for hospital cases and days).

Figure 8 compares medical services per capita costs by age group and sex, for 1987/88. The significantly higher cost shown for females in the age group 15-34 reflects service costs related to child bearing.

Table 10 compares the average cost per patient by type of practice from 1983/84 to 1987/88.

Table 11 shows the distribution of costs according to type of medical services and the percentage distribution, for 1986/87 and 1987/88.

Table 12 shows the number of medical practitioners with M.H.S.C. payments over $30,000, and the average and median payments by type of practice, for 1986/87 and 1987/88. Reference to the table's footnotes is important for correct interpretation.

Table 13 shows the number of oral, dental, and periodontal surgeons, optometrists, and chiropractors with M.H.S.C. payments over $30,000, and the average and median payments, for 1986/87 and 1987/88.

Table 14 illustrates the distribution and cost of medical and other health practitioner services by type of practice, for 1986/87 and 1987/88.

Table 1
Manitoba Population by Health Region, Sex, and Age Group,
June 1, 1987

Health Region/Sex	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Central									
Male	12,435	7,891	7,603	5,573	4,084	3,807	3,389	2,260	47,042
Female	11,807	7,411	7,220	5,320	3,943	4,172	3,843	3,120	46,836
Sub-Total	24,242	15,302	14,823	10,893	8,027	7,979	7,232	5,380	93,878
Eastman									
Male	11,644	7,229	6,836	5,675	3,796	3,272	2,455	1,500	42,407
Female	11,069	6,636	6,688	5,250	3,547	3,043	2,455	1,773	40,461
Sub-Total	22,713	13,865	13,524	10,925	7,343	6,315	4,910	3,273	82,868
Interlake									
Male	8,985	6,242	5,781	5,124	3,632	3,242	2,742	1,515	37,263
Female	8,398	5,721	5,644	4,812	3,464	3,194	2,773	1,849	35,855
Sub-Total	17,383	11,963	11,425	9,936	7,096	6,436	5,515	3,364	73,118
Norman									
Male	13,038	7,760	6,941	5,050	3,114	2,032	1,115	630	39,710
Female	12,312	7,564	6,600	4,414	2,683	1,706	1,109	686	37,074
Sub-Total	25,350	15,324	13,541	9,494	5,797	3,738	2,224	1,316	76,784
Parkland									
Male	5,678	3,901	3,337	2,973	2,369	2,648	2,449	1,668	25,023
Female	5,361	3,435	3,135	2,799	2,210	2,616	2,517	2,057	24,130
Sub-Total	11,039	7,336	6,472	5,772	4,579	5,264	4,966	3,725	49,153
Westman									
Male	13,603	9,305	9,586	7,293	5,346	5,786	5,010	3,538	59,467
Female	12,843	8,994	9,196	7,103	5,442	5,981	5,768	5,191	60,518
Sub-Total	26,446	18,299	18,782	14,396	10,788	11,767	10,778	8,729	119,985
Winnipeg									
Male	63,330	51,026	59,433	44,173	29,186	26,576	19,417	10,895	304,036
Female	59,989	51,754	58,741	44,859	29,662	30,322	26,009	19,951	321,306
Sub-Total	123,318	102,780	118,174	89,032	58,868	56,898	45,426	30,846	625,342
Manitoba									
Male	128,713	93,354	99,517	75,891	51,527	47,363	36,577	22,006	554,948
Female	121,778	91,515	97,224	74,557	50,971	51,034	44,474	34,627	566,180
Total	250,491	184,869	196,741	150,448	102,498	98,397	81,051	56,633	1,121,128

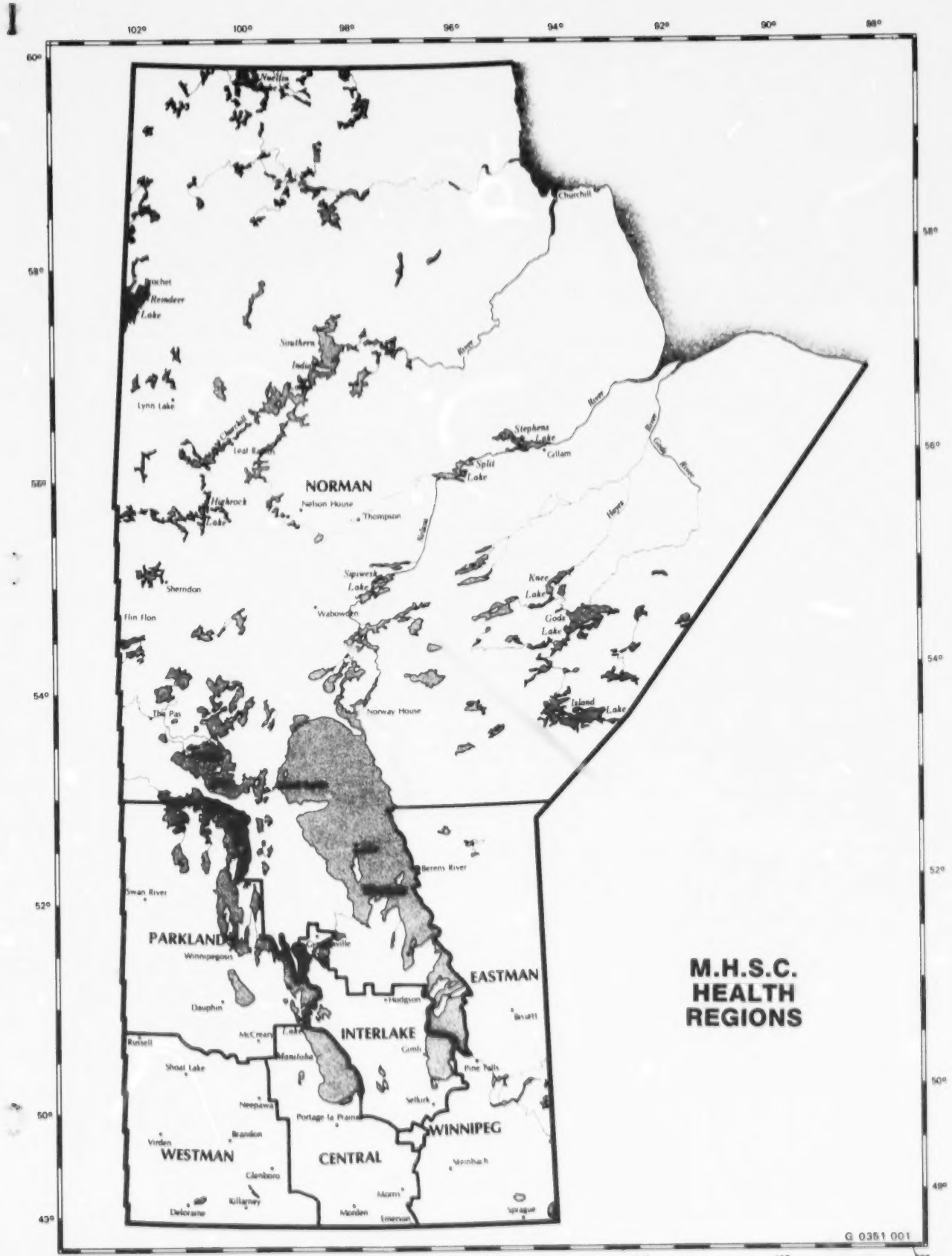

102°
100°
98°
96°
94°
92°
90°
88°
60°
58°
56°
54°
52°
50°
48°
NORMAN
PARKLAND
EASTMAN
INTERLAKE
WINNIPEG
WESTMAN
CENTRAL
Churchill
Lynn Lake
Thompson
Nelson House
Sherridon
Flin Flon
The Pas
Wabowden
Norway House
Swan River
Berens River
Dauphin
Russell
Shoal Lake
Neepawa
Portage la Prairie
Virden
Brandon
Killarney
Deloraine
Morden
Emerson
Pine Falls
Selkirk
Beausejour
Steinbach
Sprague
M.H.S.C.
HEALTH
REGIONS
G 0351 001

Figure 1

Percentage Distribution of Population by Health Region,

June 1, 1987.

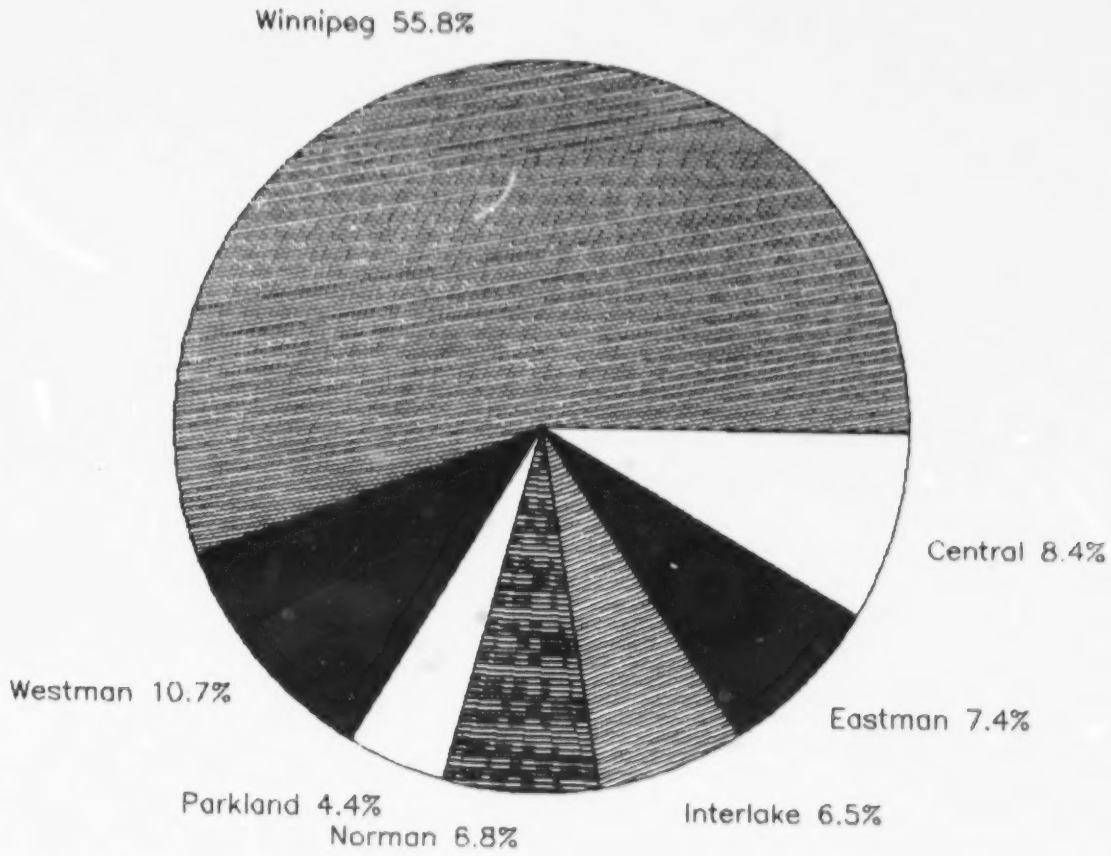


Figure 2
Percentage Distribution of Population by Age Group.
June 1, 1987.

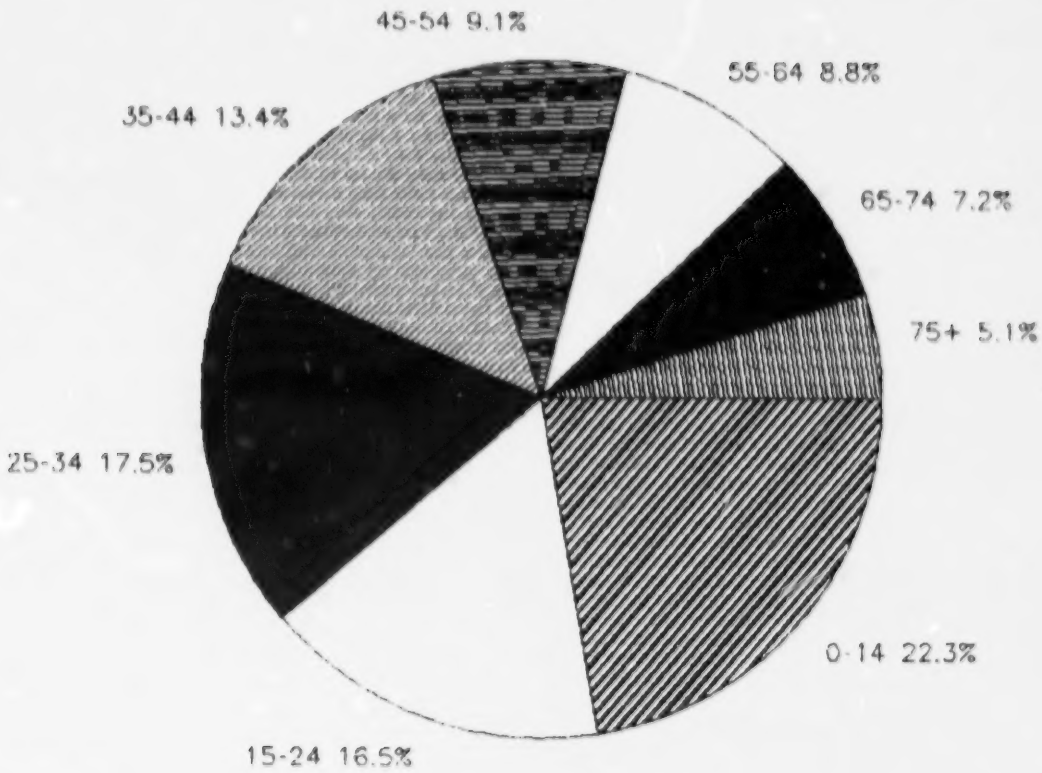


Table 2
Manitoba Health Services Commission Expenditures,
1983/84 to 1987/88

Services	1983/84	1984/85	1985/86	1986/87	1987/88
			(thousands of dollars)		
Hospital Services (1)	539,299	581,724	623,646	682,220	735,073
Medical Services (2)	179,370	188,789	202,138	212,192 (4)	226,084 (5)
Personal Care Home Services	138,575	146,142	151,982	155,887	169,093
Pharmacare Program	21,493	25,558	27,617	29,136	37,428
Northern Patient Transportation	2,465	2,568	2,728	2,554	2,773
Ambulance Program	1,881	2,010	2,045	2,137	2,310
Air Ambulance Program	-	112 (6)	1,627 (7)	2,340	2,742
Other Health Services (3)	12,980	13,508	14,816	15,637	16,660
M.H.S.C. Administration	13,111	13,780	14,538	15,579	17,556
Total	909,174	974,191	1,041,137	1,117,682 (4)	1,209,719 (5)

(1) Include public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

(2) Include medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, as well as Oral, Dental, and Periodontal Surgery.

(3) Include Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4) Includes a 5.56% overall increase in the schedule of fees during 1986/87.

(5) Includes retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988 which, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, are to be paid in June, 1988.

(6) Initial start-up expenditures.

(7) Initial start-up expenditures and partial year operating costs.

Table 2A
Manitoba Health Services Commission Expenditure Index,
1983/84 to 1987/88

Services	1983/84	1984/85	1985/86	1986/87	1987/88
Hospital Services (1)	100.0	107.9	115.6	126.5	136.3
Medical Services (2)	100.0	105.3	112.7	118.3 (4)	126.0 (5)
Personal Care Home Services	100.0	105.5	109.7	112.5	122.0
Pharmacare Program	100.0	118.9	128.5	135.6	174.1
Northern Patient Transportation	100.0	104.2	110.7	103.6	112.5
Ambulance Program	100.0	106.9	108.7	113.6	122.8
Air Ambulance Program	-	- (6)	- (6)	100.0	117.2
Other Health Services (3)	100.0	104.1	114.1	120.5	128.4
M.H.S.C. Administration	100.0	105.1	110.9	118.8	133.9
Total	100.0	107.2	114.5	122.9 (4)	133.1 (5)

(1) Include public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

(2) Include medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, as well as Oral, Dental, and Periodontal Surgery.

(3) Include Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4) Includes a 5.56% overall increase in the schedule of fees during 1986/87.

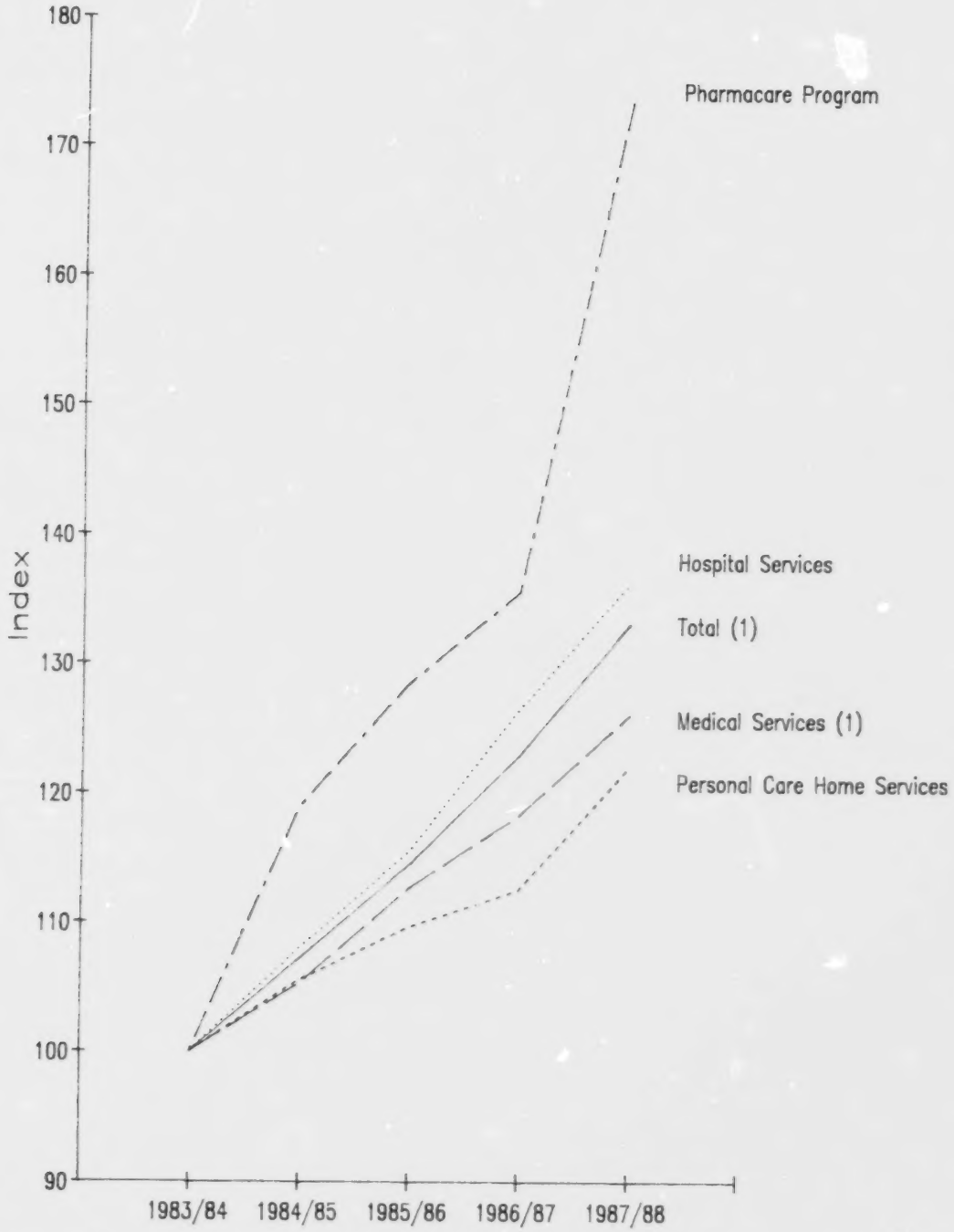
(5) Includes retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988 which, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, are to be paid in June, 1988.

(6) Not applicable.

Figure 3

Manitoba Health Services Commission Expenditure Index for Major Programs,

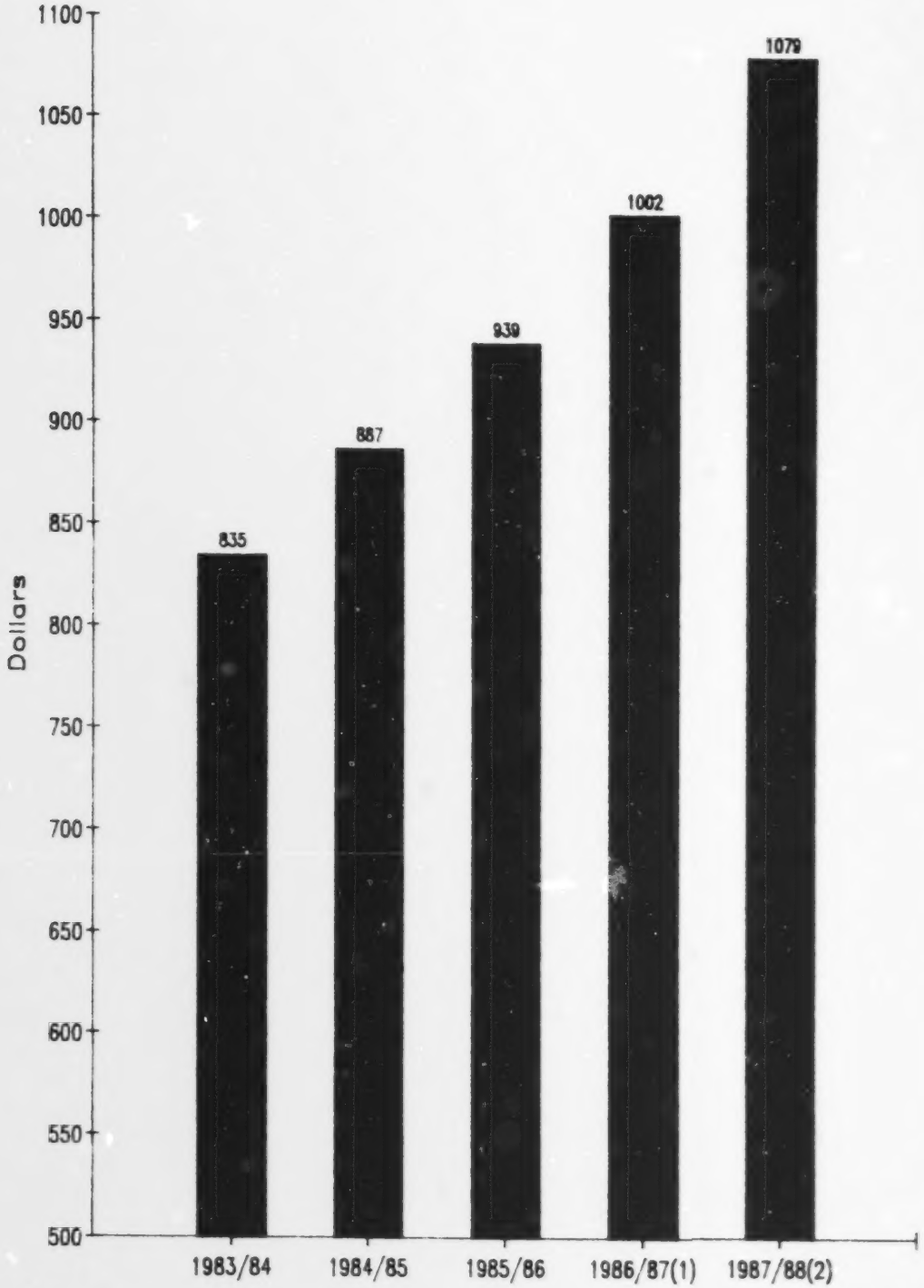
1983/84 to 1987/88



(1) Index for Total and Medical Services include retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988 which, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, are to be paid in June, 1988.

Figure 4 A

Total Health Services per Capita Costs, 1983/84 to 1987/88.



(1)Includes a 5.56% overall increase in the schedule of fees for medical services during 1986/87; includes a 2% increase for Optometry services.
(2)Includes retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988 which, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, are to be paid in June, 1988.

Figure 4 B

Insured Hospital Services per Capita Costs, 1983/84 to 1987/88.

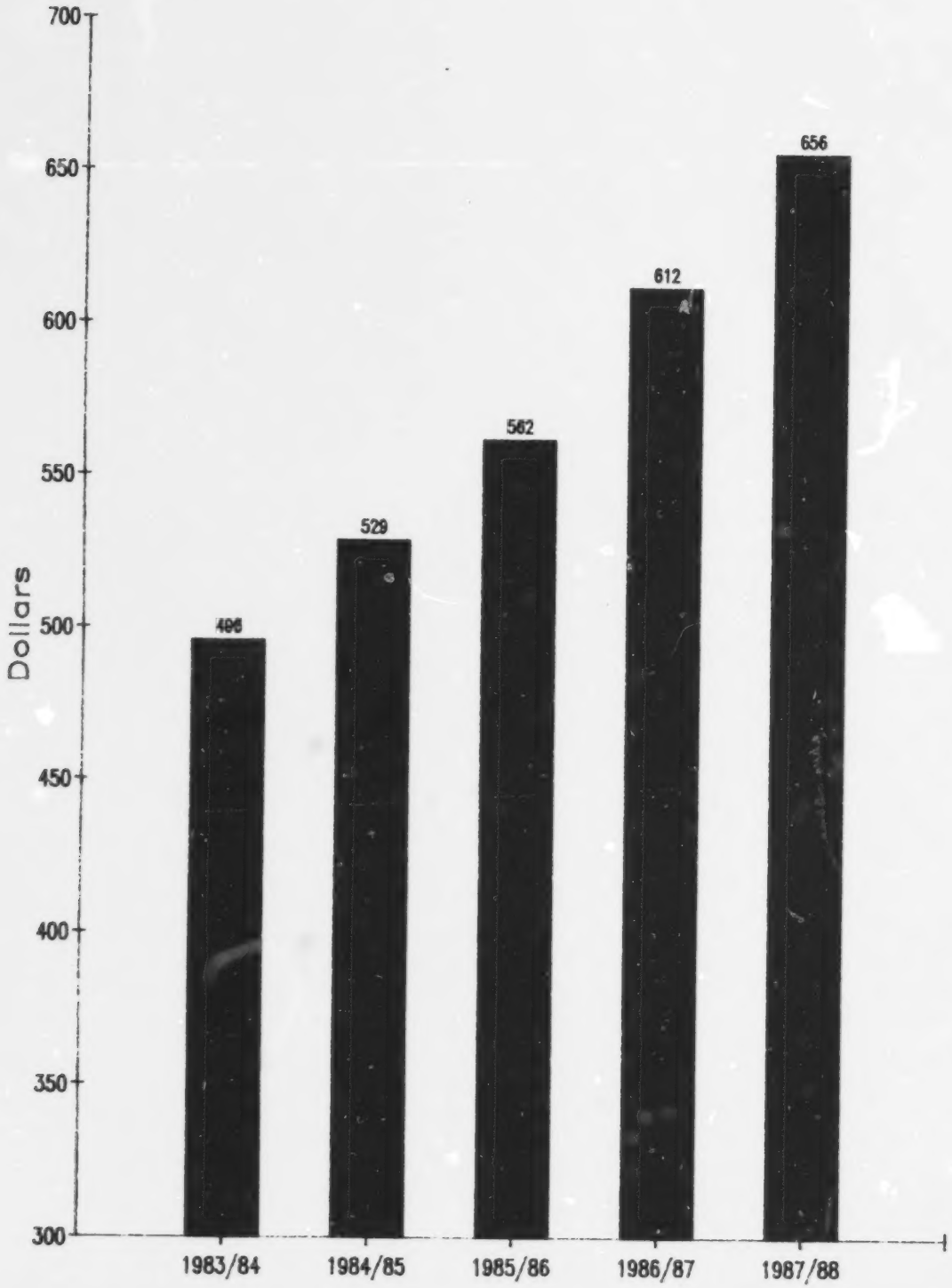
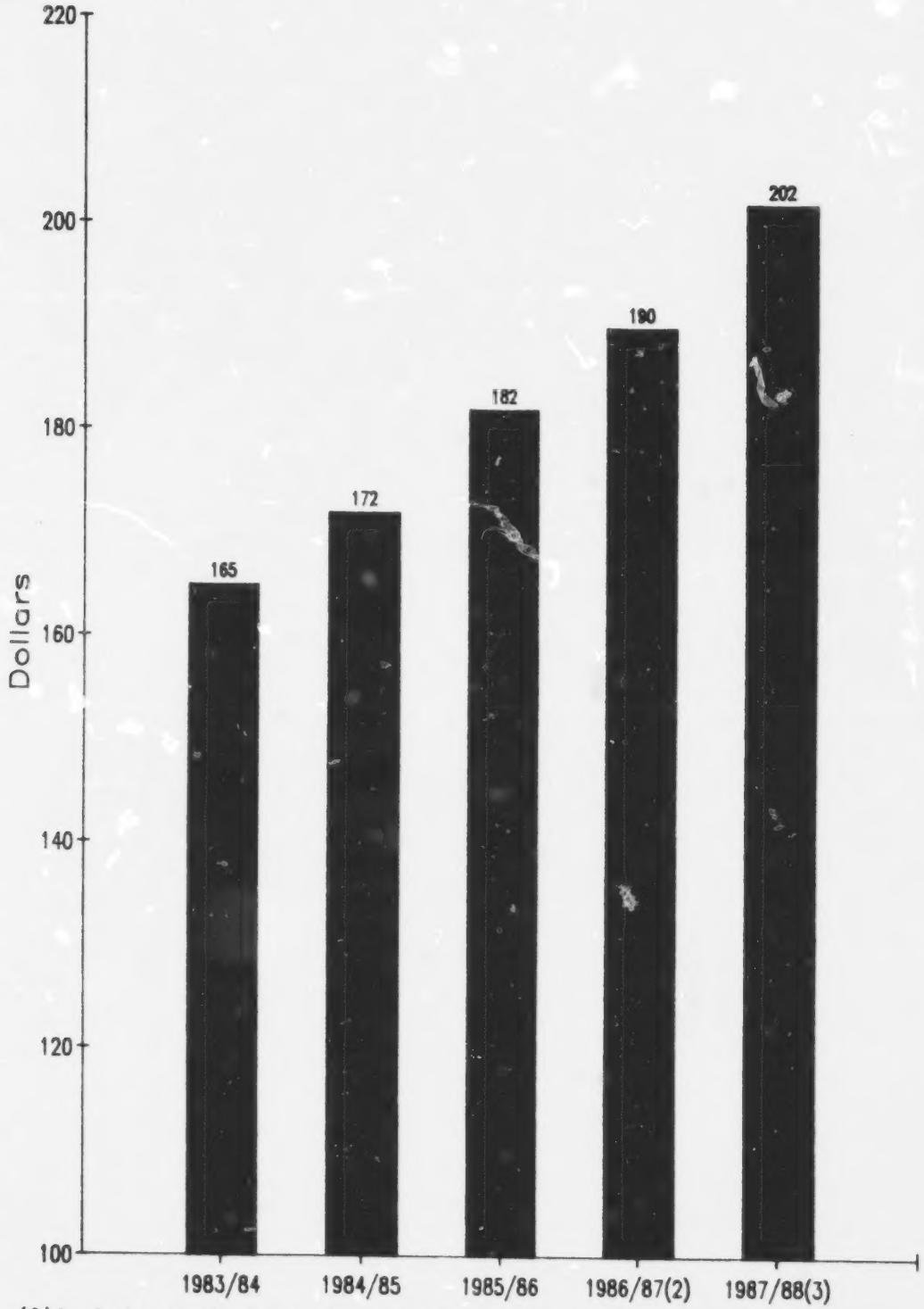


Figure 4 C

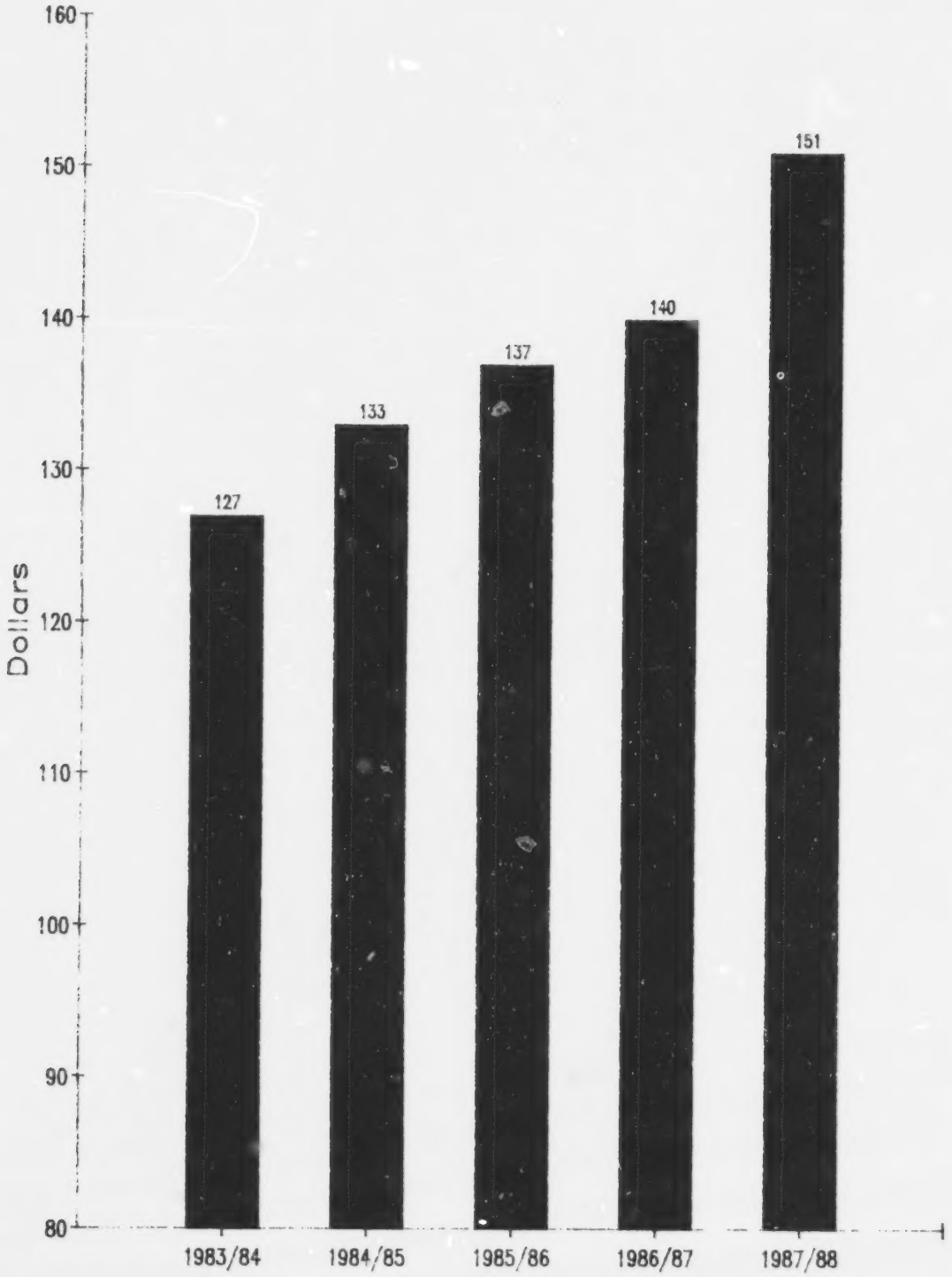
Insured Medical(1) Services per Capita Costs, 1983/84 to 1987/88.



(1)Includes Medical Services, Oral, Dental, and Periodontal Surgery.
(2)Includes a 5.56% overall increase in the schedule of fees for medical services during 1986/87; includes a 2% increase for Optometry services.
(3)Includes retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988 which, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, are to be paid in June, 1988.

Figure 4 D

Insured Personal Care Home Services per Capita Costs, 1983/84 to 1987/88.



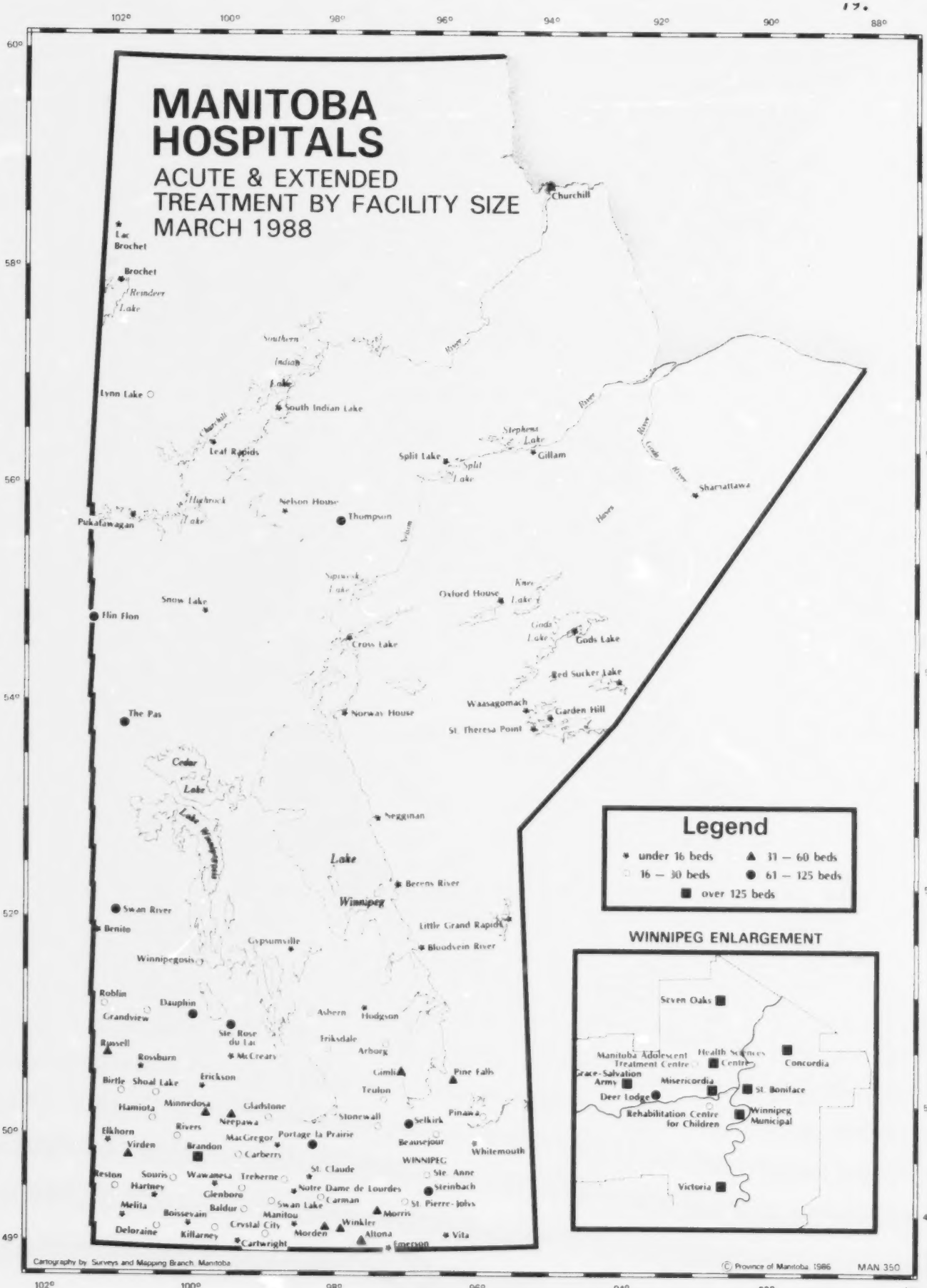

MANITOBA HOSPITALS
ACUTE & EXTENDED TREATMENT BY FACILITY SIZE MARCH 1988
Churchill
Lac Brochet
Brochet
Reindeer Lake
Southern Indian Lake
Lynn Lake
South Indian Lake
Leaf Rapids
Split Lake
Gillam
Stephens Lake
Split Lake
Sharpattawa
Nelson House
Thompson
Pukatawagan
Hughbrock Lake
Snow Lake
Flin Flon
Cross Lake
Oxford House
Knee Lake
Gods Lake
Gods Lake
Red Sucker Lake
Waasagomach
Garden Hill
St. Theresa Point
Norway House
The Pas
Cedar Lake
Lake Winnipegosis
Lake Winnipeg
Segginan
Berens River
Swan River
Benito
Gypsumville
Winnipegosis
Little Grand Rapids
Bloodvein River
Roblin
Dauphin
Grandview
Ste. Rose du Lac
Russell
Rossburn
McCreary
Asbern
Hodgson
Eriksdale
Arborg
Gimli
Pine Falls
Birtle
Shoal Lake
Erickson
Teulon
Hamiota
Minnedosa
Gladstone
Neepawa
Stonewall
Selkirk
Pinawa
Rivers
Elkhorn
Virden
Brandon
MacGregor
Carberry
Portage la Prairie
Beausejour
Whitemouth
WINNIPEG
Reston
Souris
Hartney
Wawanesa
Treherne
St. Claude
Notre Dame de Lourdes
Glenboro
Carman
Ste. Anne
Steinbach
St. Pierre-Jolys
Melita
Boissevain
Baldur
Swan Lake
Manitou
Morris
Deloraine
Killarney
Crystal City
Morden
Winkler
Altona
Vita
Cartwright
Emerson
Legend
under 16 beds
16 – 30 beds
31 – 60 beds
61 – 125 beds
over 125 beds
WINNIPEG ENLARGEMENT
Seven Oaks
Manitoba Adolescent Treatment Centre
Health Sciences Centre
Concordia
Grace-Salvation Army
Misericordia
St. Boniface
Deer Lodge
Rehabilitation Centre for Children
Winnipeg Municipal
Victoria
102°
100°
98°
96°
94°
92°
90°
60°
58°
56°
54°
52°
50°
49°
Cartography by Surveys and Mapping Branch, Manitoba
© Province of Manitoba 1986
MAN 350

Table 3
Population, Health Facility Beds, and Rates Per 1,000 Population by Health Region, 1987/88.

Health Region	Population(1)	Active Treatment		Extended Treatment		Personal Care Home	
		Number(2)	Rate	Number(2)	Rate	Number(2)	Rate
Central	93,878	424	4.5	50	0.5	734	7.8
Eastman	82,868	216	2.6	20	0.2	433	5.2
Interlake	73,118	213	2.9	-	0.0	519	7.1
Norman	76,784	434	5.7	-	0.0	156	2.0
Parkland	49,153	324	6.6	39	0.8	425	8.6
Westman	119,985	750	6.3	122	1.0	1,440	12.0
Winnipeg	625,342	3,058	4.9 (3)	782	1.3	4,532	7.2
Manitoba	1,121,128	5,419	4.8	1,013	0.9	8,239	7.3

(1)M.H.S.C. registered population as of June 1,1987.

(2)Based on rated capacity as at March 31, 1988.

(3)Actual beds available for Winnipeg residents were 3.8 per 1,000 population. The additional Winnipeg acute and extended treatment beds, accounting for 20.1% of separated days, were used by rural residents and non-residents of the province.

Figure 5

In-Patient Hospital Days per 1,000 Population by Health Region,

1986/87 and 1987/88.

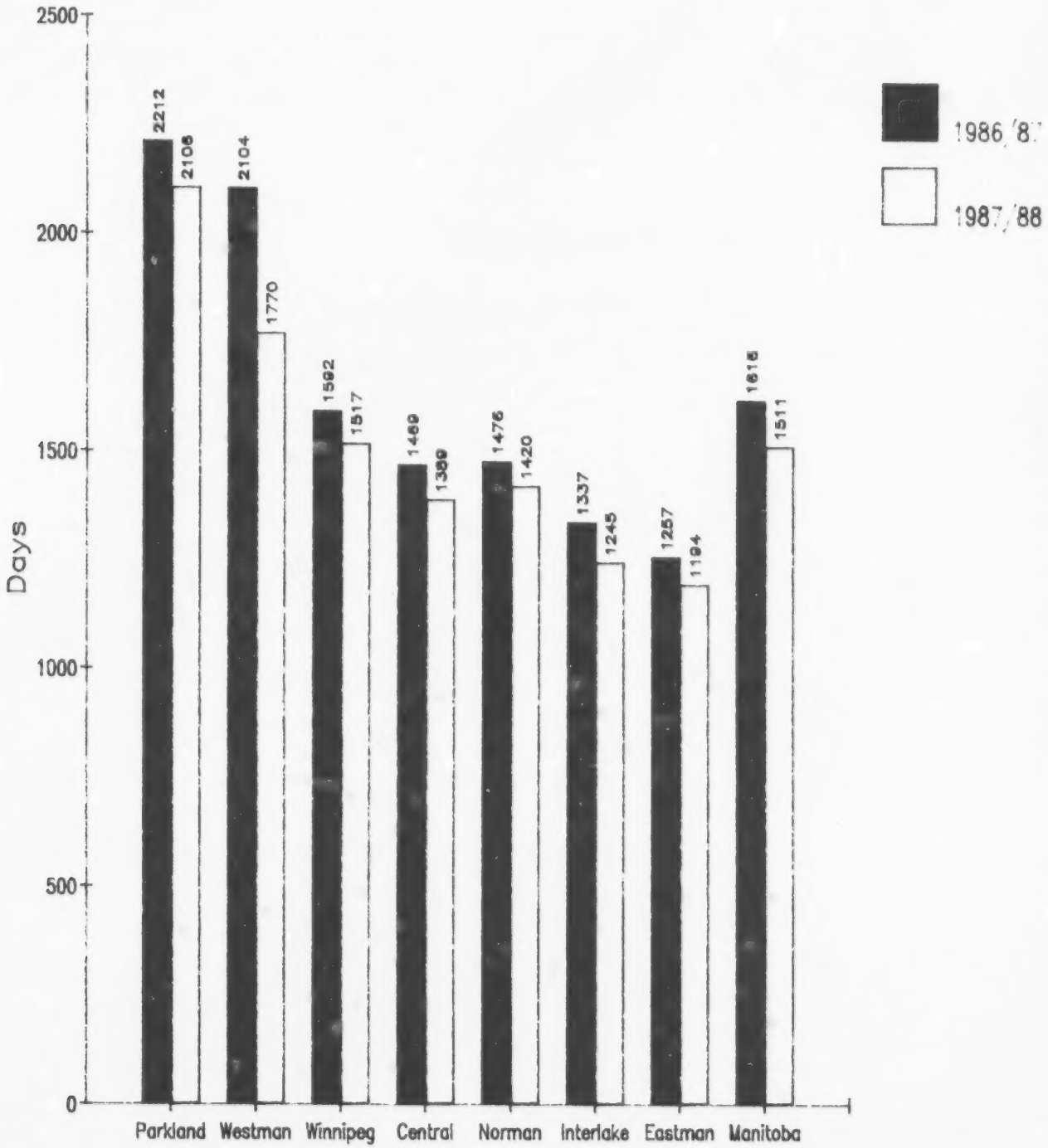


Table 4

Hospital Utilization and Rates per 1,000 Population(1) by Diagnostic Category (Newborns Excluded), 1987/88.

Diagnostic Category(2)	In-Patient Cases	Patient Days	Length of Stay (Days)	% of Total		Rates	
				In-Patient Cases	Patient Days	In-Patient Cases	Patient Days
Infectious and Parasitic Diseases	1,941	17,471	9.0	1.2	1.0	2	16
Neoplasms	10,192	167,090	16.4	6.4	9.9	9	149
Endocrine, Nutritional, and Metabolic Diseases	2,978	38,657	13.0	1.9	2.3	3	34
Diseases of Blood and Blood Forming Organs	990	11,914	12.0	0.6	0.7	1	11
Mental Disorders	6,546	182,674	27.9	4.1	10.8	6	163
Diseases of the Nervous System and Sense Organs	6,288	109,424	17.4	4.0	6.5	6	98
Diseases of the Circulatory System	17,814	283,746	15.9	11.2	16.8	16	253
Diseases of the Respiratory System	17,500	132,862	7.6	11.0	7.8	16	119
Diseases of the Digestive System	17,674	131,640	7.4	11.1	7.8	16	117
Diseases of the Genitourinary System	10,566	73,981	7.0	6.7	4.4	9	66
Pregnancy, Childbirth, and the Puerperium	24,922	91,084	3.7	15.7	5.4	22	81
Diseases of the Skin and Subcutaneous Tissue	2,371	23,621	10.0	1.5	1.4	2	21
Diseases of the Musculoskeletal System	7,332	85,717	11.7	4.6	5.1	7	76
Congenital Anomalies	1,022	7,579	7.4	0.6	0.4	1	7
Conditions Originating in the Perinatal Period	427	4,064	9.5	0.3	0.2	-	4
Symptoms, Signs, and Ill-Defined Conditions	8,876	55,429	6.2	5.6	3.3	8	49
Inury and Poisoning	13,718	174,758	12.7	8.6	10.3	12	156
Factors Influencing Health Status(3)	7,532	102,107	13.6	4.7	6.0	7	91
Total	158,689	1,693,818	10.7	100.0	100.0	142	1511

(1)M.H.S.C. registered population as of June 1, 1987.

(2)ICD-9-CM.

(3)Factors Influencing Health Status and Contact with Health Services.

TABLE 5
Health Facilities-Hospital Rated Beds; Net M.H.S.C. Payments,
1986/87 and 1987/88.

Hospital Name	Rated Bed Capacity(1) 1986/87	Rated Bed Capacity(1) 1987/88	Net M.H.S.C. Payments 1986/87 $	Net M.H.S.C. Payments 1987/88 $
Active Treatment-Public General:				
15 Beds and Under:				
Benito	9	9	413,736	445,032
Boissevain	12	12	887,688	918,984
Cartwright	8	10	437,184	455,616
Elkhorn	8	8	355,224	397,008
Emerson	12	12	566,112	594,528
Erickson	14	14	573,144	651,888
Gillam	15	15	1,075,728	1,357,008
Hartney	9	9	396,888	460,320
Leaf Rapids	8	8	691,512	668,088
Macgregor-North Norfolk	6	6	417,456	423,072
Manitou-Pembina	14	14	578,568	631,656
McCreary-Alonsa	13	13	653,520	678,672
Melita-Wilson Memorial	11	11	726,720	756,720
Notre Dame	10	10	594,432	644,328
Rossburn	10	10	573,840	589,800
St. Claude	12	12	699,312	728,688
Snow Lake	7	4	590,184	601,464
Vita	11	11	636,624	662,736
Wawanesa	9	9	580,392	614,040
Whitemouth	10	6	605,352	674,304
Sub-Total	208	203	12,053,616	12,953,952

TABLE 5(Continued)
Health Facilities-Hospital Rated Beds; Net M.H.S.C. Payments,
1986/87 and 1987/88.

Hospital Name	Rated Bed Capacity(1) 1986/87	Rated Bed Capacity(1) 1987/88	Net M.H.S.C. Payments 1986/87 $	Net M.H.S.C. Payments 1987/88 $
16-30 Beds:				
Arborg	16	16	1,270,368	1,311,192
Ashern-Lakeshore	16	16	870,192	900,792
Baldur	16	16	655,848	728,344
Beausejour	30	30	1,506,432	1,555,464
Birtle	19	19	1,039,416	1,089,456
Carberry-Fox Memorial	29	29	1,085,304	1,140,648
Carman	30	30	2,068,632	2,341,392
Crystal City-Rock Lake	16	16	1,017,096	1,027,200
Deloraine	18	18	1,012,728	1,062,528
Eriksdale -E.M. Crowe Memorial	17	17	808,848	834,240
Gilbert Plains(2)	-	-	469,896	135,576
Gladstone-Seven Regions	20	20	1,421,160	1,500,913
Glenboro	14	14	802,464	839,904
Grandview	18	18	767,568	997,050
Hamiota	21	21	1,326,120	1,365,840
Killarney-Tri Lake H.C.	26	26	1,598,424	1,650,888
Lynn Lake	25	25	1,235,328	1,271,688
Pinawa	17	17	861,432	936,264
Reston	17	17	817,416	822,864
Rivers-Riverdale	16	16	769,920	864,240
Roblin	25	25	1,343,184	1,415,184
Ste. Anne	21	21	1,654,728	1,708,344
St. Pierre-Desalaberry	19	19	897,960	945,000
Shoal Lake	23	23	1,012,248	1,051,896
Souris	30	30	1,698,816	1,871,028
Stonewall -Dr. Evelyn Memorial	18	18	1,047,384	1,076,520
Swan Lake -Lorne Memorial	22	22	1,245,096	1,298,304
Teulon-Hunter Memorial	20	20	1,448,208	1,504,776
Treherne-Tiger Hills Health District	18	18	961,440	1,027,968
Winnipegosis	18	18	945,168	967,536
Sub-total	595	595	33,658,824	35,243,239

TABLE 5(Continued)
Health Facilities-Hospital Rated Beds; Net Payments,
1986/87 and 1987/88.

Hospital Name	Rated Bed Capacity(1) 1986/87	Rated Bed Capacity(1) 1987/88	Net M.H.S.C. Payments 1986/87 $	Net M.H.S.C. Payments 1987/88 $
31-60 Beds:				
Altona	32	32	1,519,920	1,609,080
Churchill Health Centre	31	31	2,945,328	2,931,312
Gimli-Johnson Memorial	45	35	1,843,656	1,946,472
Minnedosa	35	35	1,749,768	1,811,880
Morden	48	48	3,916,800	4,486,728
Morris	52	39	1,676,136	1,779,264
Neepawa	38	38	2,172,144	2,388,168
Pine Falls	48	35	2,023,776	2,959,440
Russell	38	38	1,749,792	1,812,120
Virden	32	32	1,478,928	1,546,512
Winkler-Bethel	57	57	3,401,904	3,553,536
Sub-Total	456	420	24,478,152	26,824,512
61-125 Beds:				
Dauphin	104	105	11,090,676	12,279,072
Flin Flon	100	100	4,782,624	5,113,704
Portage	104	104	7,420,200	7,640,976
Ste. Rose	68	68	3,090,624	3,299,496
Selkirk	75	75	7,379,592	7,794,360
Steinbach-Bethesda	65	65	4,194,912	5,102,904
Swan River	68	68	5,191,920	5,464,752
The Pas-St. Anthony's	112	84	7,675,272	8,062,704
Thompson	100	100	8,520,840	9,188,424
Sub-Total	796	769	59,346,660	63,946,392

TABLE 5(Continued)
Health Facilities-Hospital Rated Beds; Net Payments,
1986/87 and 1987/88.

Hospital Name	Rated Bed Capacity(1) 1986/87	Rated Bed Capacity(1) 1987/88	Net M.H.S.C. Payments 1986/87 $	Net M.H.S.C. Payments 1987/88 $
Over 125 Beds:				
Brandon	308	279	30,549,816	32,098,104
Concordia	136	136	15,137,112	16,125,096
Grace-Salvation Army	300	301	31,539,504	33,572,496
Health Sciences Centre	1,119	1,113	194,573,808	208,414,296
Misericordia	409	409	37,171,104	39,538,800
St. Boniface	617	617	111,961,512	122,785,948
Seven Oaks	216	216	33,882,960	36,226,008
Victoria	246	246	26,576,400	28,484,424
Sub-Total	3,351	3,317	481,392,216	517,245,172
Total Public General Hospitals	5,406	5,304	610,929,468	656,213,267
Specialty Hospital:				
Rehabilitation Centre for Children	20	20	1,637,112	1,727,808
Federal Hospitals:				
Gypsumville	-	-	-	-
Hodgson-P.E.Moore	16	16	558,911	573,845
Norway House	16	16	587,335	675,630
Berens River, N.S.	6	6	9,210	8,645
Bloodvein, N.S.	2	2	5,037	6,045
Brochet, N.S.	3	3	5,086	6,046
Cross Lake, N.S.	4	4	22,948	24,688
Garden Hill, N.S.	3	3	26,128	13,578
God's Lake, N.S.	4	4	9,399	12,581
Lac Brochet, N.S.	2	2	3,421	4,697
Little Grand Rapids, N.S.	4	4	3,322	3,338
Nelson House, N.S.	4	4	9,380	10,719
Oxford House, N.S.	3	3	3,705	27,514
Poplar River, N.S.	4	4	3,495	3,678
Pukatawagan, N.S.	4	4	11,769	10,997
Red Sucker Lake, N.S.	2	2	3,031	2,033
Ste. Theresa, N.S.	3	3	7,095	7,340
Shamattawa, N.S.	4	4	5,477	7,782
South Indian Lake, N.S.	6	6	6,964	6,961
Split Lake, N.S.	4	4	2,445	2,627
Wassagamack, N.S.	1	1	3,415	3,347
Sub-Total	95	95	1,287,573	1,412,091
Total Active Treatment Hospitals	5,521	5,419	613,854,153	659,353,166

TABLE 5(Continued)
Health Facilities-Hospital Rated Beds; Net Payments,
1986/87 and 1987/88.

Hospital Name	Rated Bed Capacity(1) 1986/87	1987/88	Net M.H.S.C. Payments 1986/87 $	1987/88 $
Extended Treatment Hospitals:				
Brandon-Assiniboine	122	122	-(3)	-(3)
Dauphin	20	20	-(3)	-(3)
Deer Lodge Centre	108	106	-(4)	-(4)
Grace-Salvation Army -Psychiatric	20	20	-(3)	-(3)
Manitoba Adolescent Treatment Centre-Psych.	25	25	3,033,504	3,581,496
Morden	23	23	-(3)	-(3)
Portage	27	27	-(3)	-(3)
St. Boniface	184	184	-(3)	-(3)
Seven Oaks	110	110	-(3)	-(3)
Steinbach-Bethesda	12	20	-(3)	-(3)
Swan River	19	19	-(3)	-(3)
Winnipeg Municipal	345	337	21,686,232	24,164,496
Total Extended Treatment Hospitals	1,015	1,013	24,719,736	27,745,992
Total Hospitals	6,536	6,432	638,573,889	687,099,158

TABLE 5(Continued)
Health Facilities-Hospital Rated Beds; Net Payments,
1986/87 and 1987/88.

Facility Name	Rated Bed Capacity(1) 1986/87	Rated Bed Capacity(1) 1987/88	Net M.H.S.C. Payments 1986/87 $	Net M.H.S.C. Payments 1987/88 $
Community Health Centres and Clinics:				
Churchill Health Centre	-	-	690,192	571,464
Hamiota Health Centre	-	-	553,128	591,264
Health Action Centre	-	-	780,479	903,429
Hope Centre	-	-	148,457	194,250
Klinic	-	-	1,557,351	1,689,912
Lac du Bonnet Health Centre	-	-	347,088	367,032
Leaf Rapids Health Centre	-	-	671,928	731,328
Mount Carmel Clinic	-	-	2,070,456	2,304,670
Nor'West Co-operative Health and Social Services Centre Inc.	-	-	345,265	399,024
Occupational Health Centre	-	-	327,193	428,737
Seven Regions Health Centre	-	-	546,384	390,216
Village Clinic	-	-	40,216	199,989
Women's Health Centre	-	-	442,920	559,833
Fisher Medical Centre	-	-	152,424	160,392
Gillam-Sundance	-	-	549,096	520,488
Gypsumville Clinic	-	-	38,634	33,264
University of Manitoba-Northern Medical Unit	-	-	449,064	485,832
Notre Dame Medical Nursing Unit	-	-	90,192	99,216
Riverton	-	-	18,888	18,072
Vita	-	-	42,600	50,952
Sub-Total	-	-	9,861,955	10,699,364
Other Health Facilities:				
Eden Mental Health Centre	- (5)	- (5)	2,439,120	2,705,232
Manitoba Cancer Treatment and Research Foundation	-	-	7,153,392	7,711,488
Manitoba Cardiac Institute	-	-	278,904	285,696
Camp Shilo	-	-	17,165	19,650
Westman Laboratory	-	-	4,869,120	5,524,372
Red Cross Blood Transfusion	-	-	6,509,254	6,871,152
Cadham Provincial Laboratory	-	-	5,338,579	5,712,269
Out-of-Province	-	-	14,872,971	14,465,555
Sanatorium Board of Manitoba-T.B. Program	-	-	25,000	81,120
Sub-Total	-	-	41,503,505	43,376,534
Grand Total All Facilities	6,536	6,432	689,939,349 (6)	741,175,056 (6)

(1)As of March 31.
(2)Inpatient beds closed and new emergency services unit opened December 1986.
(3)Payments included in amounts shown for acute care.
(4)Payments included in amounts shown for personal care home beds noted on page 96.
(5)The Eden Mental Health Centre has a rated bed capacity of 40. These are not included in the Commission's figures.
(6)The difference between net M.H.S.C. payments and Hospital expenditures per Table 2 is attributable to the inclusion of costs for non-residents which were subsequently recovered from other provinces and territories, year end accruals, and other adjustments.

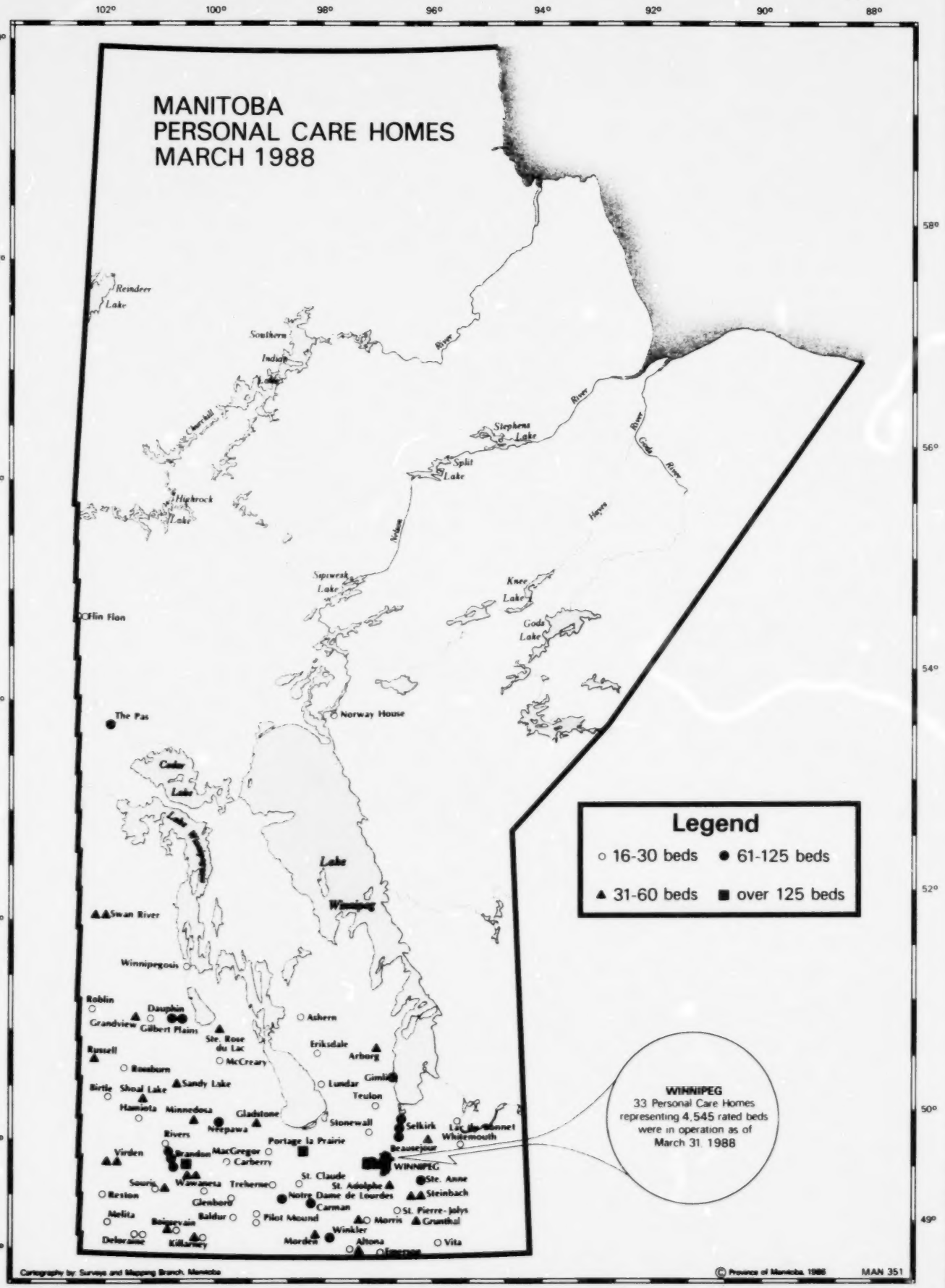

MANITOBA
PERSONAL CARE HOMES
MARCH 1988
Legend
16-30 beds
61-125 beds
31-60 beds
over 125 beds
WINNIPEG
33 Personal Care Homes representing 4,545 rated beds were in operation as of March 31, 1988
Reindeer Lake
Southern Indian Lake
Churchill River
Stephens Lake
Split Lake
Gods River
Hayes River
Nelson River
Highrock Lake
Sipiwesk Lake
Knee Lake
Gods Lake
Flin Flon
The Pas
Norway House
Cedar Lake
Lake Winnipegosis
Lake Winnipeg
Swan River
Winnipegosis
Roblin
Dauphin
Grandview
Gilbert Plains
Ste. Rose du Lac
Ashern
Eriksdale
Arborg
Russell
McCreary
Roseburn
Lundar
Gimli
Birtle
Shoal Lake
Sandy Lake
Teulon
Hamiota
Minnedosa
Gladstone
Stonewall
Selkirk
Lac du Bonnet
Whitemouth
Neepawa
Rivers
Portage la Prairie
Beausejour
Virden
Brandon
MacGregor
Carberry
WINNIPEG
Souris
Wawanesa
Treherne
St. Claude
St. Adolphe
Ste. Anne
Steinbach
Reston
Glenboro
Notre Dame de Lourdes
Carman
St. Pierre-Jolys
Melita
Baldur
Pilot Mound
Morris
Grunthal
Boissevain
Winkler
Deloraine
Killarney
Morden
Altona
Vita
Emerson
Cartography by Surveys and Mapping Branch, Manitoba
© Province of Manitoba, 1988
MAN 351
102°
100°
98°
96°
94°
92°
90°
88°
60°
58°
56°
54°
52°
50°
49°

Table 6
Number, Percentage Distribution, and Rates per 1,000 Population of Personal Care Home Residents by Age Group, Sex, and Level of Care, as at April 1, 1988.

Age Group	Sex	Level 1	Level 2	Level 3	Level 4	Total	Percent	Rate
Under 65	M	4	81	75	49	209	2.6	0.4
	F	7	46	54	82	189	2.3	0.4
65 - 69	M	7	50	66	25	148	1.8	7.4
	F	8	68	56	45	177	2.2	7.4
70 - 74	M	19	84	85	65	253	3.1	15.3
	F	19	110	120	96	345	4.3	16.8
75 - 79	M	30	109	143	93	375	4.6	33.4
	F	49	224	222	207	702	8.7	45.6
80 - 84	M	35	145	164	136	480	5.9	73.5
	F	90	435	392	332	1,249	15.4	121.0
85 +	M	83	332	278	235	928	11.5	218.6
	F	240	990	896	915	3,041	37.6	340.8
Total	M	178	801	811	603	2,393		4.3
	F	413	1,873	1,740	1,677	5,703		10.1
	T	591	2,674	2,551	2,280	8,096		7.2
Percent	M	2.2	9.9	10.0	7.4		29.6	
	F	5.1	23.1	21.5	20.7		70.4	
	T	7.3	33.0	31.5	28.2		100.0	

Figure 6

Personal Care Home Residents per 1,000 Population by Age Group and Sex,

as at April 1, 1988

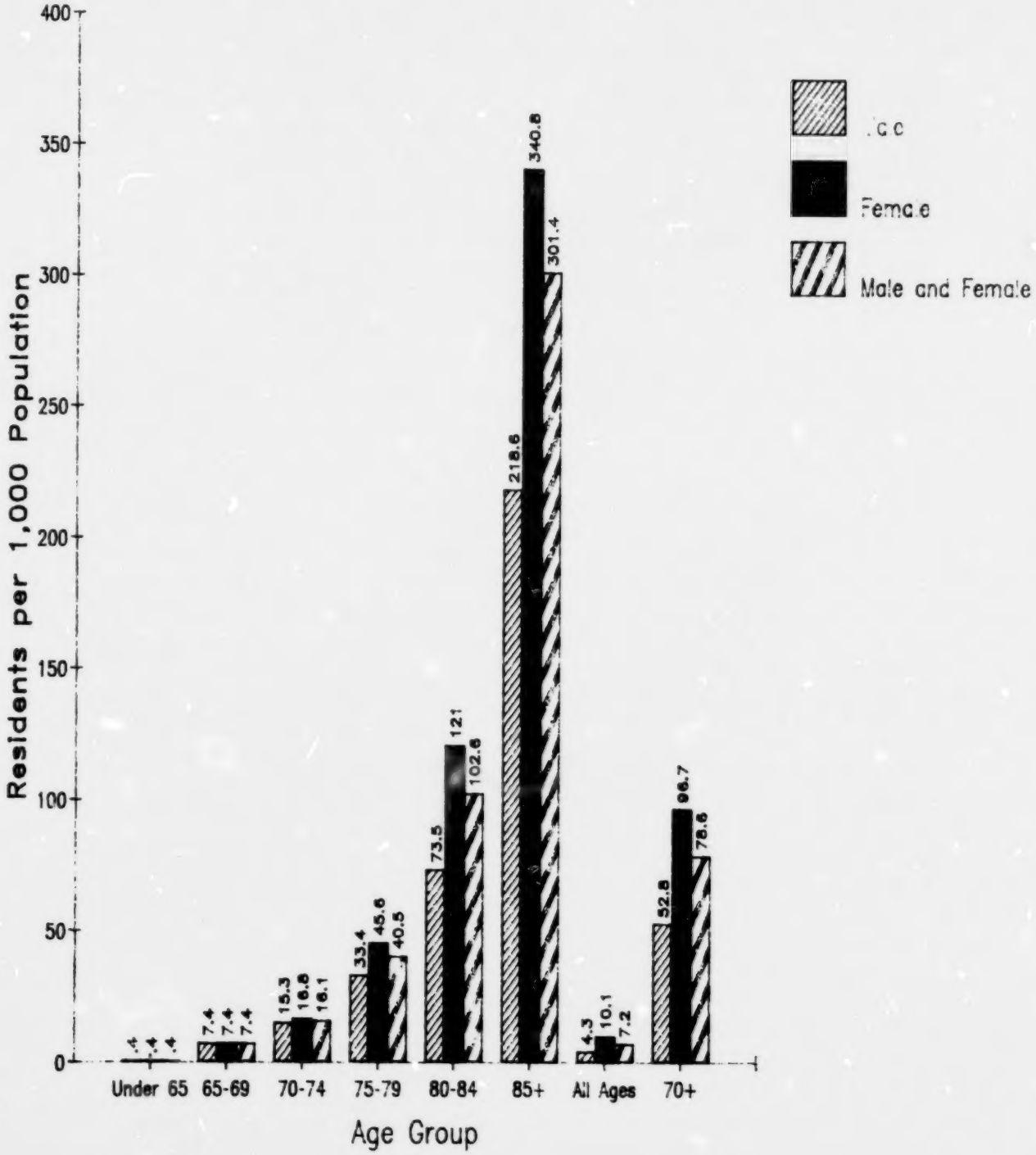


Table 7
Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments
by Health Region,
1986/87 and 1987/88.

Personal Care Home Name	Rated Bed Capacity(1) 1986/87	Rated Bed Capacity(1) 1987/88	Net M.H.S.C. Payments 1986/87 $	Net M.H.S.C. Payments 1987/88 $
Central Region:				
Altona and District, Altona	25	25	565,296	588,480
Boyne Lodge, Carman	70	70	1,531,598	1,652,441
The Ebenezer Home, Altona	46	46	687,024	763,338
Foyer Notre Dame, Notre Dame de Lourdes	65	61	1,126,903	1,222,752
Holiday Retreat, Portage	25	-	342,230	84,263
Lions Prairie Manor, Portage	151	151	2,413,728	2,484,978
MacGregor P.C.H., MacGregor	20	20	461,160	470,976
Manoir de St. Claude Inc., St. Claude	18	18	480,960	515,976
Morris Eventide Home, Morris	26	26	229,076	248,141
Red River Valley Lodge, Emerson	20	20	461,256	472,224
Red River Valley Lodge, Morris	40	40	845,136	867,600
Salem Home, Winkler	118	125	1,919,018	2,670,827
Tabor Home, Morden	60	60	1,149,540	1,203,186
Third Crossing Manor, Gladstone	50	50	884,286	922,140
Tiger Hills Manor, Treherne	22	22	459,816	475,561
Sub-Total	756	734	13,557,027	14,642,883
Eastern Region:				
Bethesda, Steinbach	60	60	1,124,616	1,156,632
Eastgate Lodge, Beausejour	60	60	1,172,409	1,192,508
Lac du Bonnet District Health Centre, Lac du Bonnet	30	30	741,907	791,942
Manoir St. Pierre, St. Pierre Jolys	16	16	448,155	459,593
Menno Home for the Aged, Grunthal	40	40	634,440	675,559
Rest Haven, Steinbach	60	60	1,120,163	1,173,520
St. Adolphe N.H., St. Adolphe	42	42	730,172	798,887
Shevchenko Senior Citizens Home, Vita	30	30	614,536	619,848
Villa Youville, Ste. Anne	75	75	1,180,181	1,280,506
Whitemouth P.C.H., Whitemouth	-	20	-	462,825
Sub-Total	413	433	7,766,579	8,611,820

Table 7(Continued)
Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments
by Health Region,
1986/87 and 1987/88.

Personal Care Home Name	Rated Bed Capacity(1) 1986/87	Rated Bed Capacity(1) 1987/88	Net M.H.S.C. Payments 1986/87 $	Net M.H.S.C. Payments 1987/88 $
Interlake Region:				
Betel Foundation, Gimli	95	95	1,297,329	1,336,795
Betel Foundation, Selkirk	94	94	1,597,627	1,723,060
Goodwin Lodge, Teulon	20	20	548,872	565,296
Lakeshore District Health System, Ashern	20	20	428,237	440,633
Lakeshore District Health System, Eriksdale	20	20	440,604	477,309
Lakeshore District Health System, Lundar	20	20	598,132	613,383
Pioneer Health Services, Arborg	40	40	737,256	792,598
Red River Place, Selkirk	104	104	2,223,170	2,192,217
Rosewood Lodge, Stonewall	30	30	704,112	719,352
Tudor House, Selkirk	76	76	1,309,804	1,367,847
Sub-Total	519	519	9,885,143	10,228,490
Norman Region:				
Flin Flon P.C., Flin Flon	30	30	874,992	894,552
Northern Lights Manor, Flin Flon	30	30	321,010	347,313
Pinaow-Wachi, Norway House	26	26	134,009	181,459
St. Paul's Residence, The Pas	70	70	1,547,952	1,590,792
Sub-Total	156	156	2,877,963	3,014,116
Parkland Region:				
Dauphin P.C.H., Dauphin	65	65	1,760,856	2,116,440
Dr. Gendreau Memorial Home, Ste. Rose	40	40	762,673	780,319
Gilbert Plains (Opened December 6, 1986)	30	30	333,543	1,020,853
Grandview P.C.H., Grandview	40	40	797,369	816,282
McCreary-Alonsa P.C.H., McCreary	20	20	461,877	474,546
St. Paul's Home, Dauphin	70	70	1,435,808	1,495,549
Roblin District P.C.H., Roblin	30	30	600,666	693,972
Swan River Valley Lodge, Swan River	50	50	430,088	464,184
Swan River Valley P.C.H., Swan River	60	60	1,164,840	1,216,224
Winnipegosis-Mossey River, Winnipegosis	20	20	524,160	517,728
Sub-Total	425	425	8,271,880	9,596,097

Table 7(Continued)
Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments
by Health Region,
1986/87 and 1987/88.

Personal Care Home Name	Rated Bed Capacity(1) 1986/87	Rated Bed Capacity(1) 1987/88	Net M.H.S.C. Payments 1986/87 $	Net M.H.S.C. Payments 1987/88 $
Westman Region:				
Baldur Manor P.C.H., Baldur	20	20	526,213	541,864
Bayside P.C.H., Killarney	30	30	715,697	748,425
Birtle P.C.H. Inc., Birtle	20	20	482,798	502,941
B.M.W. Health Facilities, Boissevain	20	20	508,694	528,484
Bren-Del-Win Lodge, Deloraine	30	30	457,862	505,647
Carberry P.C.H., Carberry	30	30	554,856	573,048
Central Park Lodge, Brandon	89	89	1,507,322	1,591,319
Deloraine and District P.C.H., Deloraine	16	16	452,998	472,027
Eastview Lodge, Neepawa	125	125	1,941,748	1,989,412
Fairview Home, Brandon	248	248	3,234,059	4,888,052
Glenboro P.C.H., Glenboro	20	20	456,876	475,209
Hamiota P.C.H., Hamiota	30	30	663,664	676,973
Hillcrest Place, Brandon	100	100	1,746,575	1,835,757
International M.H., Brandon	55	45	873,149	764,060
Lakeview Senior Citizens Home, Killarney	42	39	360,528	365,112
Melita and Area P.C.H., Melita	20	20	445,751	467,322
Minnedosa and District P.C.H., Minnedosa	50	50	1,041,912	1,073,781
Morley House, Shoal Lake	40	40	762,043	791,881
Prairie View Lodge, Pilot Mound	30	30	278,567	304,021
Rideau Park P.C.H., Brandon(Opened May 19, 1988.)	..	-	-	460,470
Riverdale P.C.H., Rivers	20	20	478,660	461,698
Rock Lake P.C.H., Pilot Mound	24	24	680,814	715,517
Rossburn P.C.H., Rossburn	20	20	570,155	539,405
Russell and District P.C.H., Russell	40	40	758,911	871,088
Sandy Lake Home, Sandy Lake	36	36	644,431	670,961
Souris District P.C.H., Souris	34	34	849,238	866,854
The Salvation Army Dinsdale, Brandon	60	60	1,186,355	1,248,917
The Sherwood, Virden	50	50	323,210	439,282
Victoria Park Lodge, Souris	24	20	271,162	331,786
Wawanesa P.C.H., Wawanesa	20	20	535,748	553,179
Westman N.H., Virden	50	50	916,456	949,404
Westview Lodge, Boissevain	45	44	395,844	426,840
Willowview Home, Reston	20	20	620,017	600,363
Sub-Total	1,458	1,440	25,242,513	28,231,099

Table 7(Continued)
Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments
by Health Region,
1986/87 and 1987/88.

Personal Care Home Name	Rated Bed Capacity(1) 1986/87	Rated Bed Capacity(1) 1987/88	Net M.H.S.C. Payments 1986/87 $	Net M.H.S.C. Payments 1987/88 $
Winnipeg Region:				
Beacon Hill Lodge	175	175	3,207,624	3,254,921
Bethania Mennonite P.C.H.	100	150	2,267,406	3,888,641
Central Park Lodge, Poseidon Bay	218	218	3,831,738	3,937,497
Central Park Lodge, Edmonton Street	277	277	4,782,357	4,914,025
Conquist N.H.	64	64	1,235,695	1,254,830
Convalescent Home	84	84	1,504,320	1,537,956
Deer Lodge Centre	185	185	7,566,331 (2)	8,373,958
Donwood Manor	81	81	1,521,671	1,563,582
Foyer Valade	70	70	1,256,447	1,296,397
Golden Door Geriatric Centre	78	78	1,363,720	1,405,106
Golden West Centennial Lodge	91	91	821,477	847,570
Heritage Lodge N.H.	86	86	1,656,590	1,679,767
Holiday Haven N.H.	155	155	2,783,163	2,845,248
Holy Family N.H.	284	284	5,861,539	6,135,919
Kiwanis Centre for the Deaf	22	22	525,915	542,727
Lions Manor	135	135	737,582	716,573
Luther Home	80	80	1,358,143	1,453,841
Manitoba Oddfellows Home	47	43	333,130	365,689
Maples P.C.H. Limited	200	200	4,020,476	4,030,025
Meadowood Manor	90	90	1,465,062	1,486,360
Metro Kiwanis Courts	47	47	257,535	248,977
The Middlechurch Home	212	197	3,528,963	3,870,239
Nightingale N.H. (Closed March 31, 1987)	-	-	270,920	493
Oakview Place	244	244	4,242,360	4,349,022
Oddfellows and Rebekahs P.C.H. Inc.	90	90	1,714,884	1,770,120
Park Manor P.C.H.	100	100	1,909,138	1,991,164
St. Joseph's Residence	100	100	1,946,972	2,028,649
St. Norbert N.H.	91	91	1,746,307	1,770,167
The Sharon N.H.	208	208	3,533,727	3,636,869
Tache Nursing Centre	320	320	7,931,256	8,265,840
Tuxedo Villa	213	211	3,542,319	3,601,951
Vista Park Lodge	100	100	2,100,668	2,077,686
West Park Manor	150	150	2,443,128	2,503,811
Winnipeg Presbytery Society	130	106	1,875,287	2,073,355
Sub-Total	4,527	4,532	85,143,850	89,718,975
Total Personal Care Homes	8,254	8,239	152,744,955 (3)	164,043,480
Sanatorium Board of Manitoba-Community Therapy Service	-	-	1,767,936	1,718,592
Grand Total All Facilities	8,254	8,239	154,512,891	165,762,072

(1)As at March 31.
(2)Includes payments to the 106 bed extended treatment hospital noted on page 87.
(3)The difference between M.H.S.C payments and Personal Care Home expenditures per Table 2 represents year end accruals and sundry adjustments.

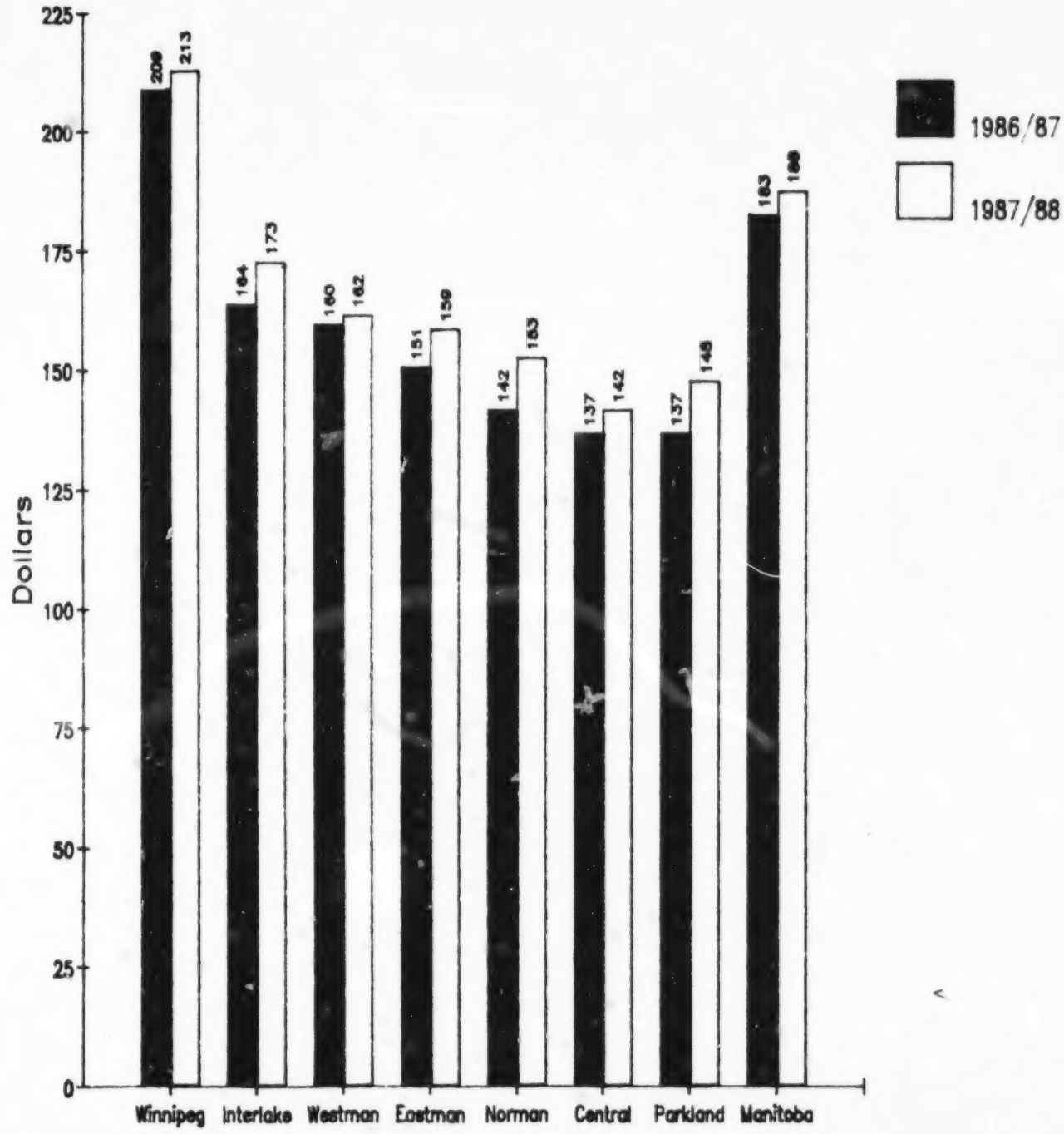
Table 8
Number of Health Practitioners and Population per Practitioner by Health Region, 1987/88.

Health Region	Population(1)	Practitioners Receiving Payment in Excess of $30,000					
		Physicians		Chiropractors		Optometrists	
		Number	Population/ Physician	Number	Population/ Chiropractor	Number	Population/ Optometrist
Central	93,878	58	1,619	7	13,411	6	15,646
Eastman	82,868	40	2,072	5	16,574	3	27,623
Interlake	73,118	40	1,828	4	18,280	2	36,559
Norman	76,784	47	1,634	1	76,784	2	38,392
Parkland	49,153	37	1,328	2	24,577	2	24,577
Westman	119,985	132	909	10	11,999	12	9,999
Winnipeg	625,342	1,096	571	69	9,063	47	13,305
Manitoba	1,121,128	1,450	773	98	11,440	74	15,150

(1)M.H.S.C. registered population as of June 1, 1987.

Figure 7

Medical Services per Capita Cost by Health Region, 1986/87(1) and 1987/88(2).



(1) Includes a 5.56% overall increase in the schedule of fees during 1986/87.

(2) Does not include retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988 which, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, are to be paid in June, 1988.

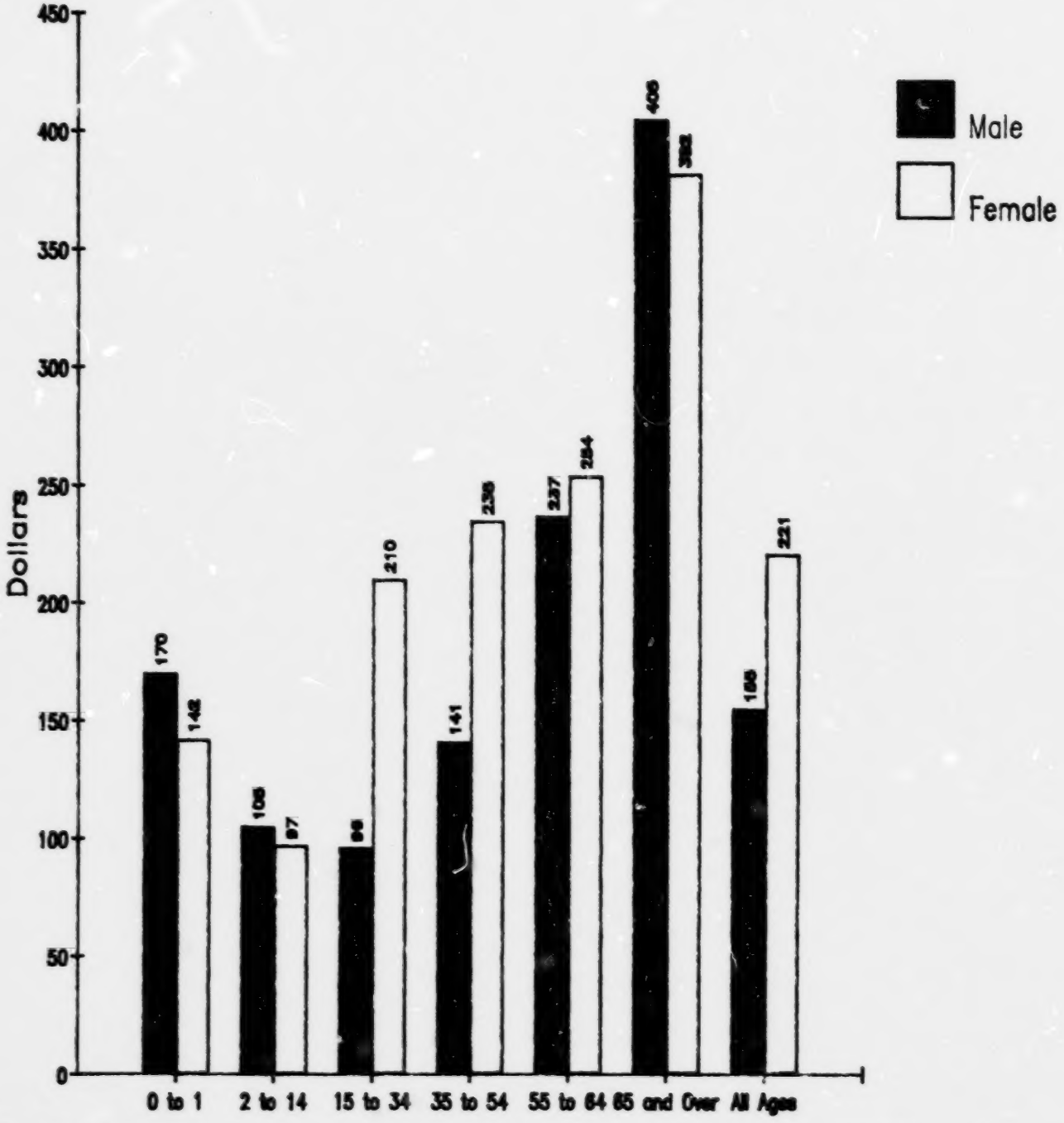
Table 9
Medical Services and Costs by Diagnostic Category,
1987/88.

Diagnostic Category(1)	Number of Services	Costs(2)	Percentage Distribution	
			Services	Costs
Infectious and Parasitic Diseases	297,061	3,825,069	2.2	1.8
Neoplasms	331,387	7,656,645	2.5	3.6
Endocrine, Nutritional, and Metabolic Diseases	448,892	5,846,296	3.3	2.8
Diseases of Blood and Blood Forming Organs	142,316	1,673,028	1.1	0.8
Mental Disorders	1,031,214	14,698,191	7.6	7.0
Diseases of the Nervous System and Sense Organs	979,979	18,122,371	7.3	8.6
Diseases of the Circulatory System	1,119,262	18,565,796	8.3	8.8
Diseases of the Respiratory System	1,304,913	19,288,021	9.7	9.1
Diseases of the Digestive System	540,353	13,748,319	4.0	6.5
Diseases of the Genitourinary System	845,849	15,349,607	6.3	7.3
Pregnancy, Childbirth, and the Puerperium	139,207	7,677,734	1.0	3.6
Diseases of the Skin and Subcutaneous Tissue	592,756	8,180,065	4.4	3.9
Diseases of the Musculoskeletal System	816,216	13,141,737	6.0	6.2
Congenital Anomalies	37,545	1,340,919	0.3	0.6
Conditions Originating in the Perinatal Period	31,232	471,160	0.2	0.2
Symptoms, Signs, and Ill-Defined Conditions	946,476	14,854,223	7.0	7.0
Injury and Poisoning	855,499	14,660,461	6.3	6.9
Factors Influencing Health Status(3)	1,878,002	21,589,048	13.9	10.2
Without Diagnosis	1,167,533	10,262,451	8.6	4.9
Total(4)	13,505,692	210,951,141	100.0	100.0

(1)ICD-9-CM.
(2)Do not include retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, to be paid in June, 1988.
(3)Factors Influencing Health Status and Contact with Health Services, includes general medical examinations and special investigations.
(4)Excludes Out-of-Province Medical as well as all Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

Figure 8

Medical Services per Capita Cost(1) by Age Group and Sex, 1987/88.



(1) Does not include retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988 which, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, are to be paid in June, 1988.

Table 10
Medical and Other Health Services Average Cost per Patient by Type of Practice, 1983/84 to 1987/88.

Type of Practice	1983/84 $	1984/85 $	1985/86 $	1986/87 (1) $	1987/88 (2) $
Internal Medicine	58.93	60.64	63.60	64.79	67.10
Internal Medicine - Neurology	68.32	69.12	71.90	76.88	80.20
Paediatrics	49.79	49.89	50.52	53.39	54.25
Psychiatry	300.89	314.84	329.72	378.32	374.07
Surgery - General	116.86	121.81	127.54	134.03	138.99
- Thoracic & Cardiovascular	412.74	406.40	391.85	420.44	442.44
- Plastic	132.26	128.00	127.85	124.39	129.34
- Urological	134.29	133.43	137.75	141.14	144.43
- Orthopaedic	90.23	92.47	97.59	102.70	104.90
- Neurological	212.93	198.03	227.96	216.26	253.98
Ophthalmology	53.45	57.17	59.81	67.58	72.09
Otorhinolaryngology	61.42	66.27	67.11	70.51	70.38
Dermatology	43.39	44.01	46.54	50.44	49.83
Radiology	20.20	21.01	22.12	22.85	22.49
Pathology	31.98	34.70	33.11	41.54	36.20
Obstetrics and Gynaecology	89.37	93.90	97.96	100.48	101.15
Anaesthesia	89.44	92.90	99.80	109.39	113.42
General Practice - Urban	47.67	47.57	47.84	47.44	46.69
- Rural	53.44	53.78	53.69	58.24	56.90
- Emergency Medicine	-	-	24.13	28.38	28.47
Physical Medicine	91.51	88.62	107.48	116.08	129.06
Oral, Dental, and Periodontal Surgery	218.10	220.01	245.86	281.93	299.37
Optometry	22.96	23.53	24.08	24.95	25.05
Chiropractic	47.92	47.98	50.56	49.83	50.82

(1) Includes a 5.56% overall increase in the schedule of fees during 1986/87; includes a 2% increase for optometry services.

(2) Does not include retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988 which, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, are to be paid in June, 1988.

Table 11
Medical Costs and Percentage Distribution by Type of Service,
1986/87 and 1987/88.

Type of Service	1986/87 Costs(2) $	1986/87 Percent	1987/88 Costs(3) $	1987/88 Percent
Office Visits	85,696,659	42.0	88,155,072	41.7
Laboratory	25,036,288	12.3	25,707,611	12.2
Major Surgery	18,716,035	9.2	19,960,559	9.5
Other Diagnostic/Therapeutic Services	16,011,467	7.9	16,963,633	8.0
Consultations	14,712,206	7.2	15,704,813	7.4
Hospital Visits	9,635,437	4.7	9,632,911	4.6
Diagnostic Radiology	9,508,769	4.7	9,476,048	4.5
Anaesthesia	7,588,115	3.7	7,942,327	3.8
Obstetric Services	6,087,985	3.0	6,247,340	3.0
Special Visits	5,218,279	2.6	5,278,408	2.5
Minor Surgery	2,402,454	1.2	2,733,148	1.3
Surgical Assistance	1,856,799	0.9	1,800,171	0.9
Miscellaneous Services	1,295,845	0.6	1,349,100	0.6
Total(1)	203,786,358	100.0	210,951,141	100.0

(1)Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

(2)Include a 5.36% overall increase in the schedule of fees during 1986/87.

(3)Do not include retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988, which, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, are to be paid in June, 1988.

Table 12

Average and Median Payments ($30,000 Gross) to Physicians by Specialty of Practice. Amounts represent gross payments by M.H.S.C. from which the physicians must pay overhead costs, 1986/87 and 1987/88.

Type of Practice	Number of Physicians 1986/87	Number of Physicians 1987/88	Average Payment(1) 1986/87 (2) $	Average Payment(1) 1987/88 (3) $	Median Payment(1) 1986/87 (2) $	Median Payment(1) 1987/88 (3) $
Internal Medicine	141	142	123,880	128,910	93,630	96,450
Internal Medicine - Neurology	12	14	152,500	149,370	127,890	134,740
Paediatrics	66	70	126,060	120,190	125,070	120,090
Psychiatry	96	98	120,760	118,090	118,610	111,560
Surgery - General	67	69	152,060	153,480	147,010	161,810
- Thoracic and Cardiovascular	13	13	180,310	197,450	129,080	165,160
- Plastic	7	7	228,100	247,350	211,910	233,990
- Urological	16	16	187,730	195,230	190,370	198,990
- Orthopaedic	29	30	169,200	168,410	156,350	165,400
- Neurological	5	5	118,030	134,860	124,120	133,320
Ophthalmology	31	29	179,860	201,830	132,560	178,020
Otorhinolaryngology	21	21	147,040	146,130	152,900	137,180
Dermatology	12	12	172,900	164,180	149,060	148,110
Radiology	47	46	175,130	184,810	- (5)	- (5)
Pathology	14 (7)	14 (7)	- (6)	- (6)	- (6)	- (6)
Obstetrics and Gynaecology	60	62	156,560	156,380	147,340	138,320
Anaesthesia	71	74	109,490	116,110	- (5)	- (5)
General Practice - Urban(4)	434	460	104,080	105,750	102,410	99,320
- Rural	253	253	128,220	129,740	127,260	124,870
- Emergency Medicine	9	9	92,320	82,960	93,610	78,750
Physical Medicine	6	6	93,860	100,970	93,140	96,090
All Physicians	1,410	1,450	126,760	128,780	117,330	117,150

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

(1) Includes payments issued directly to health practitioners, as well as payments to patients where the health practitioner has "opted-out" of the Plan. The Average Payments exclude remuneration from the University of Manitoba to geographic full-time clinical teaching staff. For Radiology the Average Payment represents professional services only and includes salary and contract payments made through hospitals, representing 66.8% of professional income in 1987/88. The Average Payment for Physical Medicine, Anaesthesia, and Psychiatry also includes payments made by hospitals. For health practitioners (except Radiology, Physical Medicine, Psychiatry, and Anaesthesia), all other income from hospital contracts, uninsured services, non-residents, Worker's Compensation, etc. is excluded. Payments made for laboratory services to registered facilities are also excluded, as it is not possible to separate the technical and professional components.

(2) Includes a 5.56% overall increase in the schedule of fees for medical services during 1986/87.

(3) Does not include retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988 which, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, are to be paid in June, 1988.

(4) Includes Brandon and Winnipeg.

(5) Median is not calculated because some hospital payments are allocated to the specialty and not to the individual.

(6) Average and median are not calculated because it is not possible to separate the technical and professional components.

(7) Eleven are registered as pathologists; the remaining three are registered as internists, but their practice is primarily as directors of laboratories being recognized by the College of Physicians and Surgeons as specialists in laboratory medicine.

Table 13

Average and Median Payments ($30,000 Gross) for Oral, Dental, and Periodontal Surgery, Optometry, and Chiropractic. Amounts represent gross payments by M.H.S.C. from which the practitioners must pay overhead costs,
1986/87 and 1987/88.

Type of Practice	Number of Practitioners		Average Payment		Median Payment	
	1986/87	1987/88	1986/87 $	1987/88 $	1986/87 $	1987/88 $
Oral, Dental, and Periodontal Surgery	10	10	106,320	115,270	124,740	130,800
Optometry	70	74	66,360 (1)	68,960 (1)	63,550 (1)	65,960 (1)
Chiropractic	93	98	79,340	80,620	75,100	74,250

(1) Includes a 2% increase for Optometry services effective April 1 each year.

Table 14
Medical and Other Health Practitioner Services and Costs,
1986/87 and 1987/88.

Type of Practice	Number of Services 1986/87	Number of Services 1987/88	Costs 1986/87 (1) $	Costs 1987/88 (2) $
Internal Medicine	921,886	929,601	18,015,540	18,981,841
Internal Medicine - Neurology	49,465	56,653	1,873,745	2,115,947
Paediatrics	568,202	565,518	8,752,643	8,914,989
Psychiatry	565,682	562,885	9,610,906	9,550,774
Surgery - General	261,174	252,676	10,353,955	10,752,698
- Thoracic and Cardiovascular	15,160	14,658	2,330,709	2,513,070
- Plastic	33,747	35,127	1,596,671	1,742,946
- Urological	56,492	56,444	3,003,752	3,123,681
- Orthopaedic	122,190	121,250	4,965,783	5,132,792
- Neurological	9,091	9,312	590,176	674,319
Ophthalmology	149,205	149,330	5,603,467	5,889,556
Otorhinolaryngology	108,498	102,725	3,124,547	3,096,845
Dermatology	143,269	132,883	2,074,781	1,993,822
Radiology(3)	673,699	662,871	9,972,523	9,954,135
Pathology	3,203,333	3,320,833	23,005,463	23,760,284
Obstetrics and Gynaecology	329,982	317,690	9,539,569	9,730,078
Anaesthesia	87,824	92,465	6,159,893	6,609,116
General Practice - Urban(4)	3,517,414	3,598,279	47,922,711	50,016,869
- Rural	2,402,642	2,443,420	34,059,361	35,132,667
- Emergency Medicine(5)	38,492	36,642	780,515	747,576
Physical Medicine	40,486	44,430	449,648	517,136
Sub-Total In-Province Medical Services	13,297,933	13,505,692	203,786,358	210,951,141
Out-of-Province Doctors	141,178	142,606	3,626,423	3,677,867
Out-of-Province Agreement	9,500	8,034	147,188	142,944
Total Medical Services	13,448,611	13,656,332	207,559,969	214,771,952
Oral, Dental, and Periodontal Surgery	12,261	13,275	1,172,261	1,283,223
Optometry	207,688	223,455	4,841,043	5,306,730
Optometry Out-of-Province Agreement	123	139	2,908	3,358
Chiropractic	779,067	826,987	7,604,584	8,058,450
Chiropractic Out-of-Province Agreement	1,503	1,147	15,249	11,406
Total Other Health Services	1,000,662	1,065,003	13,636,045	14,663,167
Grand Total Services	14,449,273	14,721,335	221,196,014 (6)	229,435,119 (6)

(1) Include a 5.56% overall increase in the schedule of fees during 1986/87;include a 2% increase in optometry services.

(2) Do not include retroactive payments for medical services rendered between April 1, 1987 and March 31, 1988 which, based on a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties, are to be paid in June, 1988.

(3) Includes both technical and professional components of fee.

(4) Includes Brandon and Winnipeg.

(5) Specialty recognized as of December 9, 1985; previously included in General Practice Urban.

(6) Figures include $1,753,302 for 1986/87 and $1,757,203 for 1987/88 which represent the value of services submitted by salaried practitioners.

FINANCIAL SUMMARY OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 1988

HOSPITAL SERVICES

The Commission provides for all reasonable costs incurred by Manitoba hospitals in providing insured services to Manitoba residents. There are 101 hospitals in Manitoba that receive payments from the Commission; 20 are federal hospitals, 18 of which are northern nursing stations; and 81 are public general hospitals. Budget submissions from the public general hospitals are reviewed each year and rates of payment to all hospitals are established by regulation of the Commission. Total expenditures for hospitals for the year ended March 31, 1988 amounted to $ 735,073,000. These expenditures, together with comparable figures for the previous year, are summarized as follows:

	1988	1987
	(thousands of dollars)	
Public General Hospitals	$ 696,044	$ 644,673
Community Health Centre & Clinics	10,750	9,730
Federal Hospitals	1,418	1,244
Contract Facilities and Red Cross Blood Transfusion Services	12,395	11,700
Hospitals Outside the Province	14,466	14,873
	$ 735,073	$ 682,220

During the year ended March 31, 1988 the average daily in-patient cost in a public general hospital in Manitoba was $385.34 compared to $344.87 for the previous year, an increase of 11.7%

The increase for public general hospitals approximates $51.4 Million. Of this increase, $40.5 Million is due to increased salaries, supplies, and other costs, and $10.9 Million is for new/renovated facilities and equipment.

MEDICAL AND OTHER HEALTH SERVICES

Medical costs incurred by residents of Manitoba are financed by the Commission in accordance with rates set out in the M.H.S.C. Schedule of Benefits or on the basis of special arrangements approved by the Commission. Costs of chiropractic and optometric services, dental and oral surgery, and specific prosthetic and orthotic devices and services are covered as established by regulations under The Health Services Insurance Act.

A summary of expenditures for medical and other health services for the year ended March 31, 1988, together with comparable figures for the previous year is as follows:

	1988	1987
	(thousands of dollars)	
Medical Services	$ 222,629	$ 208,966
Dental and Oral Surgery	1,283	1,172
Salary and Other Payments to Physicians	2,172	2,054
Total Medical Services	$ 226,084	$ 212,192
Optometric Services	5,357	4,854
Chiropractic Services	8,132	7,737
Prosthetic and Orthotic Devices	3,171	3,046
Total Other Health Services	16,660	15,637
Total Medical and Other Health Services	$ 242,744	$ 227,829

PERSONAL CARE HOME SERVICES

The Commission provides for reasonable costs incurred by Manitoba personal care homes in providing insured personal care services to Manitoba residents. The program includes the supplying of prescription drugs as a benefit to insured residents in personal care homes. Insured residents were required to pay an average residential charge of $19.05 per day during the year ending March 31, 1988. Residential charges during the year were as follows:

April 1, 1987	-	$18.40
May 1, 1987	-	18.70
August 1, 1987	-	19.00
November 1, 1987	-	19.30
February 1, 1988	-	19.60

As at March 31, 1988 there were 8,339 beds included in the program (5,983 non-proprietary beds and 2,356 proprietary beds).

A summary of expenditures of the personal care home program for the year ended March 31, 1988 together with comparable figures for the previous year is as follows:

	1988	1987
	(thousands of dollars)	
Resident Services	$ 161,399	$ 148,458
Drug Costs	4,666	4,339
Adult Day Care	1,344	1,208
Therapy Services	1,684	1,882
	$ 169,093	$ 155,887

Program costs increased by $13.2 Million. Increased salaries, supplies and other costs were $12.2 Million and costs of new and renovated facilities were $5.8 Million. These increased costs were offset in part by a $4.8 Million increase in residential charges during the year.

PHARMACARE

Costs of the universal pharmacare program for the year ended March 31, 1988 amounted to $37,428,000 compared with $29,136,000 in the previous year. For the 1987/88 fiscal period, the Manitoba Health Services Commission reimbursed resident claimants for 80% of the cost of eligible prescription drugs in excess of $75 for residents age 65 and over and in excess of $125 for residents under age 65.

AMBULANCE PROGRAM

Under this program, grants are made available for approved programs for capital costs of vehicles and communication equipment, for subsidizing operating costs and for training programs.

The grants are made to municipalities on a per capita basis. In addition to the per capita grant, the Commission provides funds for the training of ambulance personnel. Total cost of the ambulance program for the year ended March 31, 1988 was $2,310,000 compared with $2,137,000 in the previous year.

AIR AMBULANCE PROGRAM

During 1984/85, Government approved the establishment of an air ambulance program to service all of Manitoba. The role of the air ambulance is to provide long distance transport of the acutely sick and injured within the Province of Manitoba.

The program became operational in January 1986. Expenditures for the year ended March 31, 1988 were $2,742,000 compared with $2,340,000 in the previous year.

NORTHERN PATIENT TRANSPORTATION PROGRAM

The purpose of this program is to finance (a) transportation costs for emergencies and urgent hospital-to-hospital transfers and (b) transportation costs for certain elective cases. These services are available to residents of Manitoba who are northern patients and require transportation for medical reasons from or within the following areas:

.North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg and

.North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Costs of this program for the year ended March 31, 1988 amounted to $2,773,000 compared with $2,554,000 for the previous year.

ADMINISTRATIVE EXPENSES

Administrative expenses of the Commission amounted to $17,556,000 for the year ended March 31, 1988 or 1.4% of the total expenditures, compared with $15,579,000 and 1.4% for the previous year.

REVENUE

For the year ended March 31, 1988 the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund.

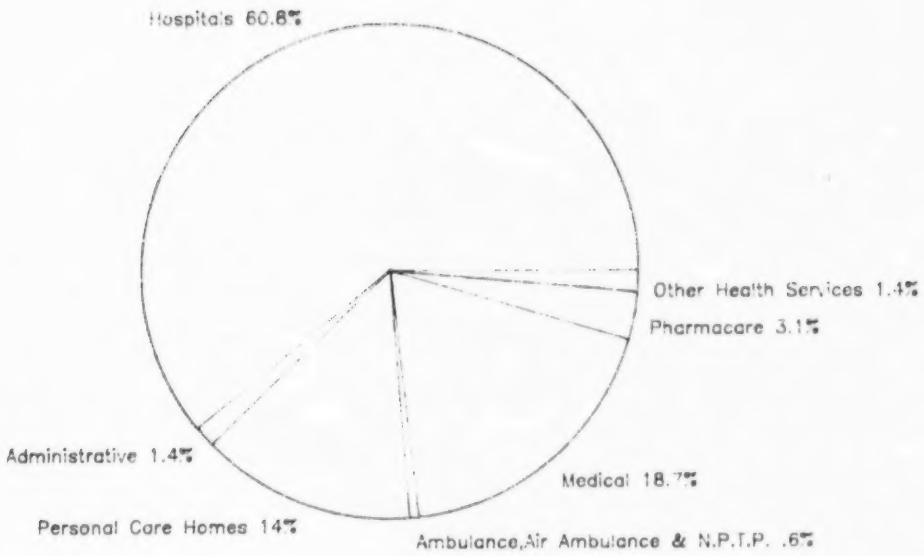
As in the previous year, federal contributions pursuant to the provisions of The Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977, were not received by the Commission but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The total of all revenues of the Commission for the year ended March 31, 1988 is $1,209,734,000 compared with $1,117,500,000 for the previous year.

WORKING CAPITAL

The financial operations of the Commission for the year ended March 31, 1988 resulted in an excess of revenue over expenditure of $15,000 which resulted in a closing working capital account of $685,000.

Following is a chart showing the Manitoba Health Services Commission's expenditures for the year ended March 31, 1988.



Expenditure

MANITOBA HEALTH SERVICES COMMISSION
COMPARISON OF ACTUAL EXPENDITURES WITH
PLANNED EXPENDITURES FOR THE YEAR ENDED MARCH 31, 1988

Planned expenditures, net of third party recoveries and miscellaneous income, for the year ended March 31, 1988 were $1,195.6 Million as compared with actual expenditures of $1,206.0 Million, resulting in an over expenditure of $10.4 Million or 0.9% of total expenditures. The over- expenditure was authorized by a Special Warrant and duly funded from the Provincial Consolidated Fund.

Manitoba

MANITOBA HEALTH SERVICES COMMISSION

REPORT OF THE PROVINCIAL AUDITOR'S OFFICE

We have examined the financial statements, being Statements A, B, C and Schedule 1, of the Manitoba Health Services Commission for the fiscal year ended March 31, 1988. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1988 and the results of its operations for the year then ended in accordance with the accounting policies stated in note 1 to the financial statements applied on a basis consistent with that of the preceding year.

F. H. Jackson, CA,
Provincial Auditor.

June 22, 1988,
Winnipeg, Manitoba.

Statement A

MANITOBA HEALTH SERVICES COMMISSION
BALANCE SHEET
AS AT MARCH 31, 1988
(With 1987 Figures for Comparison)

ASSETS

	1988	1987
	(thousands of dollars)	
Cash on hand and in bank	$ 6,538	$ 8,927
Funds on deposit, Government of the Province of Manitoba	56,541	49,067
Accounts receivable:		
Government of the Province of Manitoba (Note 6)	554	577
Other Provinces and Territories	5,743	4,915
Other	2,093	412
	8,390	5,904
Land, buildings, furniture and equipment at nominal value of one dollar (Note 1)	-	-
	71,469	63,898
Funds held in trust re debenture trust agreements (per contra) (Note 2)	20,439	20,755
	$ 91,908	$ 84,653

LIABILITIES

	1988	1987
	(thousands of dollars)	
Accounts payable and accrued charges:		
Hospital and personal care home services:		
Liability for unreported claims	$ 3,834	$ 4,422
Estimated adjustment payments under section 60(2) of The Health Services Insurance Act and other costs, net	19,094	16,681
	22,928	21,103
Medical services claims (Note 7)	34,613	33,424
Pharmacare claims	10,154	6,088
Ambulance grants	283	274
Air ambulance	60	11
Northern patient transportation claims	82	69
Other health services claims	1,790	1,627
General	874	632
	70,784	63,228
Working capital account, Statement C	685	670
	71,469	63,898
Funds held in trust re debenture trust agreements (per contra)	20,439	20,755
	$ 91,908	$ 84,653

The accompanying notes on pages 119 to 124 are an integral part of the financial statements.

880613/irm
1/MA/W/EM/STATA

Statement B

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED MARCH 31, 1988

(With 1987 Figures for Comparison)

	1988	1987
	(thousands of dollars)	
Revenue:		
Grants from the Government of the Province of Manitoba	$ 1,206,028	$ 1,113,442
Third party recoveries (Note 1)	3,658	3,997
Miscellaneous income	48	61
Total revenue	$ 1,209,734	$ 1,117,500
Expenditure:		
Hospital services:		
Hospitals within the Province	$ 720,607	$ 667,347
Hospitals outside the Province	14,466	14,873
	735,073	682,220
Medical services	226,084	212,192
Personal care home services	169,093	155,887
Pharmacare program	37,428	29,136
Ambulance program	2,310	2,137
Air ambulance program (Note 4)	2,742	2,340
Northern patient transportation program	2,773	2,554
Other health services (Note 5)	16,660	15,637
Administrative expenses, Schedule 1	17,556	15,579
Total expenditure	$ 1,209,719	$ 1,117,682
Revenue over(under) expenditure, Statement C	$ 15	$ (182)

The accompanying notes on pages 119 to 124 are an integral part of the financial statements.

Statement C

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF WORKING CAPITAL ACCOUNT

FOR THE YEAR ENDED MARCH 31, 1988

(With 1987 Figures for Comparison)

	1988	1987
	(thousands of dollars)	
Balance, beginning of year	$ 670	$ 852
Add, revenue over(under) expenditure, Statement B	15	(182)
Balance, end of year, Statement A	$ 685	$ 670

The accompanying notes on pages 119 to 124 are an integral part of the financial statements.

Schedule 1

MANITOBA HEALTH SERVICES COMMISSION
SCHEDULE OF ADMINISTRATIVE EXPENSES
FOR THE YEAR ENDED MARCH 31, 1988
(With 1987 Figures for Comparison)

	1988	1987
	(thousands of dollars)	
Salaries and employee benefits	$ 11,818	$ 10,659
Office equipment	2,468	1,924
Professional services	766	769
Stationery and office supplies	560	502
Postage, express and delivery	404	392
Pension payments (Note 1)	383	328
Health and post-secondary education tax levy	260	159
Telephone	199	154
Grant in lieu of realty taxes	173	175
Maintenance of land, building and office equipment	173	153
Travel	115	132
Utilities	99	95
Bank charges	66	65
Miscellaneous	39	34
Building renovations	23	31
Commissioners' remuneration	10	7
	$ 17,556	$ 15,579

The accompanying notes on pages 119 to 124 are an integral part of the financial statements.

MANITOBA HEALTH SERVICES COMMISSION

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1988

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared on an accrual basis of accounting except for the following:

(i) PENSION

In accordance with the provisions of the Manitoba Civil Service Superannuation Act, the Commission contributes 50% of the pension disbursements made to retired employees. Such payments are charged to expense as incurred. A provision is not made in the accounts to fund current or past service obligations of the Commission to the Civil Service Superannuation Fund. On the basis of an actuarial report issued in January, 1988, the unfunded provision for the Commission's employees amounted to $14,939,500 as at December 31, 1987 ($13,154,500 as at December 31, 1986).

(ii) THIRD PARTY RECOVERIES

Third party recoveries are recorded on a cash basis.

(iii) INVENTORIES

Purchases of supplies are charged to operating expenditures as incurred. The Commission does not record the value of supplies on hand as an asset.

(iv) LAND, BUILDINGS, FURNITURE AND EQUIPMENT

Land, buildings, furniture and equipment are charged to operating expenditures in the year of acquisition. As at March 31, 1988, the Commission owns the following fixed assets:

1. Land and buildings of the Rehabilitation Centre for Children, Inc.
2. Land on which the building owned by the Manitoba Adolescent Treatment Centre Inc. is located.
3. Land and buildings of the Deer Lodge Centre Inc.
4. Land on which the building owned by the Rideau Park Personal Care Home Inc. is located.
5. Land acquired for future development of a health care facility.
6. Diagnostic equipment located in the provincial laboratory and x-ray units throughout the Province.
7. Furniture and equipment located in the administration building.

The Commission is in the process of effecting the transfer of title to its administration building and land to Manitoba Properties Inc. The Commission retains its use of and control over these assets.

NOTE 2. FUNDS HELD IN TRUST RE DEBENTURE TRUST AGREEMENTS

At March 31, these funds were on deposit as follows:

	1988	1987
	(thousands of dollars)	
Bank	$ 17,043	$ 17,353
Government of the Province of Manitoba	3,396	3,402
	$ 20,439	$ 20,755

NOTE 3. CAPITAL FINANCING

Hospitals and personal care homes have obtained financing for capital projects by issuing debentures, or arranging for mortgages or long-term bank loans. The Hospital Capital Financing Authority, which was established in 1972, approves the issue of all securities and assists in obtaining an orderly market for the sale of the securities to finance these capital expenditures. Although this indebtedness is not guaranteed by the Commission, funds required for the payment of principal and interest related to approved capital debt incurred for the construction and acquisition of capital assets for the provision of insured services are included in the Commission's expenditures. For the year ended March 31, 1988, the amount related to principal and interest payments included in the expenditures for hospital and personal care home services shown on Statement B was $67,661,000 ($57,858,000 for the year ended March 31, 1987).

As at March 31, 1988, the approved outstanding capital debt in Canadian dollars of hospitals and personal care homes was $404,396,000 ($360,102,000 as at March 31, 1987).

In addition to the approved outstanding capital debt, lines of credit up to $72,445,000 ($100,000,000 as at March 31, 1987) have been approved to finance capital projects in process. On completion of these projects, the borrowings will be converted to long-term debt.

NOTE 4. LEASE COMMITMENT

Effective November 1, 1985, the Commission entered into a lease purchase agreement for the acquisition of an aircraft for the air ambulance program. The interest rate for the lease is equal to the monthly bank prime rate.

Based on a 10% average monthly prime interest rate, the future annual lease payments will be:

Year Ending March 31	Annual Lease Payments (thousands of dollars)
1989	$ 1,044
1990	1,044
to October 31, 1990	609
	$ 2,697

Under the terms of the lease, the Commission has the option to purchase the aircraft on November 1, 1990 at a price of $1,217,000, or to continue to lease the aircraft for an additional 16 months at $81,000 per month.

NOTE 5. OTHER HEALTH SERVICES

This group of expenditures consists of:

	1988	1987
	(thousands of dollars)	
Optometric	$ 5,357	$ 4,854
Chiropractic	8,132	7,737
Prosthetic and Orthotic	3,171	3,046
	$ 16,660	$ 15,637

NOTE 6. MANITOBA CHILDREN'S DENTAL PROGRAM

Effective April 1, 1985, the Commission assumed responsibility for processing and payment of claims under the Manitoba Children's Dental Program. The Department of Health is responsible for the establishment of policy for the administration of the program and for providing the Commission with funds for the payment of approved claims.

For the year ended March 31, 1988, the Commission paid claims for approved services amounting to $1,465,000 ($1,537,000 for the year ended March 31, 1987). Of this amount, $1,012,000 ($1,103,000 for the year ended March 31, 1987), was recovered from the Department of Health during the year ended March 31, 1988. The balance of $453,000 is included in accounts receivable - Government of the Province of Manitoba as at March 31, 1988 ($434,000 as at March 31, 1987). These payments and recoveries have been excluded from the statement of revenue and expenditure.

The Commission's direct administrative costs for processing the payment of claims are not recovered from the Department. These costs amounted to approximately $141,000 for the year ended March 31, 1988 ($137,000 for the year ended March 31, 1987).

NOTE 7. MEDICAL SERVICES CLAIMS

The liability for medical services claims as at March 31, 1988 includes $8.7 million for the first year of the three-year agreement negotiated with the Manitoba Medical Association. The agreement covers the period from April 1, 1987 to March 31, 1990. The liability for medical services claims as at March 31, 1987 includes $10.8 million for the medical fee arbitration award covering the period from April 1, 1986 to March 31, 1987.

NOTE 8. COMPARATIVE FIGURES

Certain comparative figures of the previous year have been reclassified in order to conform with the financial statement presentation adopted for the current year.